California Gang Reduction, Intervention and Prevention (CalGRIP) Grant Program

Final Local Evaluation Report

Community Crime Prevention Associates
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Contents

Executive Summary

The City of San Jose Mayor's Gang Prevention Task Force (MGPTF) applied for State of California CalGRIP funding to transition the Pilot Hospital-Based Intervention Program in partnership with Santa Clara Valley Medical Center (SCCVMC) Trauma Center to a fully staffed and fully operated Evidenced-Based Hospital-Linked Intervention Program. In particular, CalGRIP funding provided the capacity to accomplish the following goals:

Approach and enroll more eligible patients while in the hospital Trauma Center with expanded hours; and

Provide for more intensive and comprehensive evidenced-informed follow-up case management intervention services upon discharge from the hospital.

Results and Findings

The established Hospital-Based Intervention Project, Trauma to Triumph Program, hereafter referred to as T2T, has achieved the CalGRIP funding goals and related results, in particular:

- The T2T Program was successful in expanding the hours and number of clients serviced from the Pilot Program phase. The T2T program expanded to provide weekly five day coverage, and night and weekend coverage, on an as needed basis.
- In addition to providing funding for the San Jose MGPTF to increase its program intervention staffing dedicated to Trauma to Triumph (T2T – the new program name), CalGRIP funding also allowed SCCVMC to request and leverage new funding from the Santa Clara County Supervisors to expand hospital staff for the T2T program. Supervisor Cindy Chavez, a supporter of the program, was successful in gathering Board of Supervisor support to add funding to the county budget in the amount of $500,000 to support hospital staff positions of Program Coordinator, and Social Workers for the T2T program.
- The T2T Program was successful in expanding the service capacity of the "pilot program" from enrolling and serving 32 clients to a total of 178 unduplicated youth/young adults who were injured through individual, group assault and/or gang-related violence during the three year funding cycle.
- The duplicated number of clients serviced for the three years was a total of 227 clients which included the number of continuation of clients from one program year to the next. This duplication client count represented 91% of the service goal of 250 clients served over the three years.

- The T2T Program established a program of comprehensive follow-up case management intervention, support, and health and human services to program participants upon discharge from the hospital to help them stabilize their lives, and reduce the likelihood of repeat victimization. The T2T new program case management intervention services included a full range of types of assistance including: (1) Intake/Referrals from SCCVMC: Assessment of client for program enrollment and level of risk, (2) Hospital/Bedside Visitation, (3) Phone Contacts and response to need for services, (4) 1-1 Coaching and Counseling, (5) Home Visitation(s), (6) Personal Basic Needs: Food, Cloth, Hygiene, etc. Application Assistance, (7) Victim Witness Assistance (Application, Processing, Joint Visits), (8) School Reentry/Appointments, (9) Education Assistance (GED Prep, Community College Admission), (10) Employment Assistance, (11) Pro-social Recreational Activity, and (12) Other needed assistance.

- The total number of duplicated Service Benchmarks (Short Term Service Outcomes) achieved for 2016 was 1137, and for 2017 the total was 1256. The Top Five Service Benchmarks were achieved in response to the following::

- Does client have stable housing this month?
- Has client stayed free of violence-re-injury and retaliation?
- Is client willing and able to assume normal routine (reduced trauma affects)
- Was client employed at the end of the month?
- Did you assist clients with any other matter?
- These Top Five Service Benchmarks in particular, are vital service outcomes toward stabilizing an individual after a traumatic event, getting them to assume a new healthy routine, and provide client with hands-on assistance to access service, resources, and employment that they require to move their life forward. Other Service Benchmarks that were not in the "Top Five," but may also have been vital to clients when addressed were: Received injury follow-up medical care, Received Victims of Crime financial assistance, and other forms of financial/subsistence assistance.

The T2T Program follow-up case management intervention services served 227 clients with the following additional details:

The total number of Client Service Sessions for the three year project period was 8,345. The three year CalGRIP Funding cost was $1,095,767, which calculates to an average Client Service Session cost of $131.00.

The total number of Client Service Hours for the three year project period was 6,588, which calculates to an average cost per service hour for the three year period of $166. While this is only an average calculation of costs (Individual clients costs were not calculated and most likely varied considerable), the cost effectiveness of the T2T Program was reasonable, particularly because of high risk and "difficult to service" target population.

Outcome evaluation measures of the ultimate effectiveness of the project, especially whether the project changed the clients' violent-prone lifestyle toward engagement in a pro-social, violent free lifestyle indicated positive results with regard to the low recidivism rate of 4 patients (0.022) out of the 178 unduplicated clients referred by SCCVMC who were re-injured resulting from violence and a low rate of 1.7% recidivism rate with regard to re-arrests.

Participants and staff survey responses indicated their attitudes had changed significantly due to the services and care received from the program:

- A high percentage--84% average over two years-- felt that their lives had improved due to the services received;
- 76% valued their lives more;
- 75% indicated that disturbing memories of their trauma had decreased;
- 75% felt that they were doing the best possible or really well in their lives;
- 89% felt more hopeful about their future with new possibilities;
- The outcome data also indicated that 75% of those in school, job training or work were being more successful in their efforts there.

The City of San Jose Mayor's Gang Prevention Task Force has also been successful in assuring the continuation of the T2T Program at near the same capacity as funded by (1) CalGRIP by allocating funding for the T2T Program to continue the program beyond the CalGRIP funding cycle, and (2) securing additional funding for two years from the California Office of Emergency Services for the T2T Program.

Other Lessons Learned

New Service partnership agreements take longer to establish than expected: The MGPTF has had a working relation with Santa Clara County Valley Medical Center for years implementing a Tattoo Removal Program, which made transitioning to a new Hospital-based Intervention Program (HBIP) an extension of their prior history working together. The T2T Program underestimated the time that would be required to establish a new HBIP service partnership relationship with a new hospital. While the expansion of the T2T Program to a second hospital was not a funded goal for CalGRIP, the T2T Program saw it as an opportunity to serve more clients. The time getting to know each other, regular hospital executive or staff transitions, requisite legal reviews, and discussion between city and hospital attorneys were factors contributing to the lengthy period needed to establish a service partnership agreement with a new hospital. An additional benefit of establishing a working relationship with Regional Medical Center-Trauma Center in 2018, besides the additional referrals, will be to help determine if any of T2T program clients have been treated by both Trauma Centers in a given year or across years.

Impact of Program Screening Criteria on Program Referrals: While the Trauma Center had well over 320 patients a year, hospital staff would screen clients for T2T Program by age and type of incident, which reduced the number of eligible referrals for the CalGRIP funded program. For instance, according to client screening referral criteria, clients over 30 years old, domestic violence or self-harm patients; clients airlifted from other counties in the state, unless they had a local area housing/lodging (usually with relatives) during the discharge planning phase, were not introduced to T2T Program. Going forward the T2T Program may selectively consider clients older than 30 years old (there were 130 such individuals), and/or who were victim of domestic/dating violences, and youth self-harm victims.

Sole Source of Referral: In addition, the Hospital Partnership Agreement for the CalGRIP Project was with SCCVMC –Trauma Center, our sole source provider for referrals limiting the number of clients to their referrals only, even though another Hospital Regional Trauma Center located in San Jose received clients who met our criteria. The T2T program anticipated more referrals from SCCVMC and having a single source of referrals was a barrier to serving more clients, this referral issue is being addressed now. T2T program is working now to establish a service partnership in 2018 with the Regional Medical Center –Trauma Center located in San Jose.

Serving Homeless, Transient, System-Involved Individuals: Serving homeless and individuals with transient living arrangements and who were system-involved, posed particular difficulties in service delivery. Such challenges as arranging temporary shelter before being released from the hospital, encountering clients who refused to live in temporary shelters because of restrictions, difficulties in maintaining communication and engagement, fear and mistrust of government, and Law Enforcement, and constantly moving--all contributed to a time consuming process of tracking the client down, repeated appointments and no shows, discontinued phone service, not following through with assistance, and ever-changing living situations, poverty, and decision-making that undermines their efforts at a better future. The T2T Program has been discussing how they can better assess for "Readiness for Change" by the client in a "Readiness Assessment Phase," before they assume a full case management intervention commitment with a client.

Clients with History of Chronic Trauma: The target service population for the T2T program often manifests life histories characterized by chronic trauma. The new violent event is just an addition, layered on top of others. To some clients and their families it is viewed as a normal part of life, and they are unaware of how trauma has negatively directed or played a role in shaping their lives. Staff needed to spend a significant amount of time providing one-on-one coaching and support to build a trusting relationship, and to help them see a healthier life path, as well as accessing other community resources.

Multi-Service Needs and Qualified Staff: In order to provide comprehensive case management intervention services, the case manager needs to be proactive in searching out new and undiscovered public resources and provide assistance in accessing services and resources. Many of our targeted clients (and their families) come from socially marginalized, low-income, system-involved and multi-cultural groups. In addition, clients may live with a series of relatives or

significant others (in or out of county) during the course of our services. Case managers were constantly challenged to assist them to access needed resources, such as affordable housing, food, employment, immigration assistance, assistance accessing or processing legal documents, mental health and substance abuse services, financial assistance, health care, public assistance, and more. The availability of these services is not consistent throughout a large county like Santa Clara; other factors adding to the challenge are the lack of responsiveness to the target population of clients and/or the capacity of clients to engage with services. *An experienced, dedicated, compassionate, trauma informed client-center, multi-cultural/gender-responsive service staff familiar with the life experiences of clients is essential to achieve successful service outcomes with the targeted service population.* For a greater appreciation of living conditions, see *Appendix C: Client Briefs* for a sample of the profile of the targeted clients' living circumstances.

The full report that follows provides more detailed information on service performance.

Project Description

I. Introduction: Hospital-Linked Pilot Intervention Program

Background and Program Need

To address an existing gap in the Mayor's Gang Prevention Task Force (MGPTF) Gang Intervention Services and address the urgent tragedy of human suffering, as well as the associated medical and social costs, the San Jose MGPTF initiated efforts in 2012 with Santa Clara Valley Medical Center (SCVMC) to plan and implement on a limited scale a Hospital-Based Intervention Pilot Program (HBIP) with the deployment of existing resources. The pilot program targeted youth and young adults between the ages of 13-30 years who were victims of individual, group or gang-related violence. The *premise of the HBIP* is that approaching these individuals in the Hospital Trauma Center while facing serious or life-threatening injuries provides a *"teachable moment"* toward making a positive life change of reducing the likelihood of future similar recurring violent injuries. This could also contribute to *decreasing recidivism rates and high cost of the hospital and related services*.

With the completion of the first pilot year from September 2012 to September 2013, the study results showed that 40 patients were approached to participate in the pilot and 32 or 80% voluntarily enrolled; 15 patients were still in the program receiving services, and eight were successfully discharged for a combined total of 23 or 72% at year-end. The 80% enrollment rate and 72% program service retention percentage rates were considered successful program rates. The decision was made to seek funding to stabilize and expand the program to serve a larger number of patients with additional dedicated staffing, further defined protocols, and expanded case management follow-up services.

The City of San Jose-MGPTF identified an opportunity in 2014 to apply for state CalGRIP funding to transition the Pilot Program to a fully staffed and operated Evidenced-based Hospital Intervention Program. In particular, CalGRIP funding provided the capacity to accomplish the following goals:

Approach and enroll more eligible patients while in the hospital Trauma Center with expanded hours; and

Provide for more intensive and comprehensive evidence -informed follow-up case management intervention services upon discharge from the hospital.

In addition to providing funding for the San Jose MGPTF to increase its program intervention staffing dedicated Trauma to Triumph (T2T - new program name), CalGRIP funding also allowed SCVMC to leverage new funding received from Santa Clara County to expand hospital staff for the T2T program. Supervisor Cindy Chavez, a supporter of the program, was successful in gathering Board of Supervisor support to add funding to the county budget in the amount of $500,000 to support the staffing positions of Hospital Program Coordinator and

Social Workers for the T2T program. The new (T2T) program began in January 2015 with three year funding from CalGRIP.

Program Needs

The 2012 Santa Clara County Violence Profile Report recorded 387 nonfatal hospitalized assault injuries to persons from ages 15-24 years. We also undertook a more in-depth study of 1,332 Santa Clara County Valley Medical Center Trauma Center (SCVMC) patients data files (did not include all Emergency Room Clients) involved in treatment for individual or group assaults over the five year period from 2009 through 2013. This study's findings document the urgent need for this program:

59% of the patients were in the 14 to 30 years age range with 41% alone in the range between 14 and 24 years.

89% of the patients were males with Hispanics constituting 62%, followed by Whites at 18% and African Americans at 9%.

The majority of patients resided in City of San Jose zip codes (55%), followed by other Santa Clara County cities of Santa Clara, Campbell, Sunnyvale, Milpitas, Cupertino, Gilroy, Morgan Hill, and Mt. View. Other clients served resided in nearby counties in the region.

Injury Type: "Assaults through other means than Firearms" were 58% and "Assault through Firearms" were 42%.

The highest category for financial burden for medical care was assigned to "Self Pay" at 50% followed by Public Sources at 26%, and Private Sources at 24%.

The total Hospital Charges recorded for the five year period for the 1,332 patients was $51 million or an average of over $10 million a year.

85% of patients were released to "Home" with limited or no follow-up services. Only 3% were released to Acute/ Immediate/Rehab/SNF Care.

These findings underscore the need for the proposed follow-up support services in this proposal.

II. T2T Evidenced-Based Program Design

Strategies

The new expanded *T2T* implemented a strategy that is an evidenced-based Hospital-Linked Violence Intervention Program (HVIP) model *(Shibru, 2007; Karraker et. al. 2011).* The MGPTF Youth Intervention service approach is based on an understanding of the complex root causes of violence, which require a comprehensive approach to establishing a new pathway to a violent free lifestyle. In addition, the *T2T* program hired and utilized staff that have lived and experienced similar environments as those of the clients/customers including the violent conditions, which is a best practice in working with high-risk, gang-impacted youth and young adults. The staff served as educators, interventionist/case managers, advocates, and mentors with clients and also built vital partnerships with other public and private service agencies who work in similar communities. These are proven strategies in working with high risk victims and offenders (Lipsey, 2009). Starting at the hospital bedside and continuing for up to 6 months post-discharge, or up to 12 months in selected cases, the Intervention Specialists formulated and adjusted an ongoing service plan for the violently-injured patient to increase awareness of the personal risks involved in retaliation, encouraged changes away from risky behavior, assisted them to heal physically and emotionally, and sustain long-term positive behavioral change.

In the first 30-60 days of services, the staff Intervention Specialist provided intensive services with a minimum of three contacts per week with those clients assessed as high-risk for retaliation, and re-victimization, and/or in need of significant personal support (in-person and phone). In order to allow for these intensive services including conducting home, hospital, and school visits, as well as, transportation for clients to medical and other appointments, caseloads of clients being served in the first 60 days of entering the program were monitored to allow staff adequate time to provide intensive services. A major goal of the service plan strategy was to break the cycle of violence and/or re-victimization and accompanying trauma upon re-entry to the community following hospitalization. The Intervention Specialist worked to re-focus the patient away from retaliation and/or violent lifestyle, when evident, toward setting and achieving appropriate short and long–term goals related to education, job training, family and community services, health/mental health, as well as providing one on one coaching and counseling support. These are proven strategies in working with high risk victims and offenders (Lipsey, 2009; Washington State Institute for Public Policy, 2009).

A continuum of evidenced-based strategies and practices were deployed, based on a client-centered service approach. The chart on the following page provides an outline of core services, evidence-based practices employed, the responsible partner or staff and the service benchmarks and outcomes.

CHART 2: EVIDENCE-BASED PRACTICES, STRATEGIES, SERVICES, STAFF/PARTNER ROLE, BENCHMARKS AND OUTCOMES

Goal 1: Goal 1: Identify, engage and enroll youth/young adults who are injured through individual/group assault and gang-related violence and enter the Trauma Center.			
Services/Strategies	**Evidenced-based Practice**	**Partner/Project Staff Responsible**	**Service Benchmarks & Outcomes**
Hospital based identification of violent injury client	Identification of patient in Hospital, Intake, Assess at bedside or during initial home visit, Enroll in program.	Hospital Social Worker and City Intervention-Case Mgr. staff	Patient voluntary enrollment in T2T
Provide crisis intervention	Bedside support, Family support, Victim Witness services. "Win over client" *(EBP Source: Benefits of a Hospital-Based Peer Intervention Program for Violently Injured Youth, College of Surgeons 2007;* Journal of Adolescent Health, March 2004; Journal of Trauma, 2006, American College of Surgeons Journal)[1]	Hospital Social Worker and City Intervention-Case Mgr. staff	Crisis diffused; Patients & family members linked to services, e.g. medical, trauma/psychological, Victim Witness Assistance, basic needs, housing, etc.,
Goal 2: Provide follow-up case management intervention, support and health and human services to program participants upon discharge from hospital and reduce likelihood of being repeat victims of violence.			
Services/Strategies	**Evidenced-based Practice[2]**	**Partner/Project Staff Responsible**	**Service Benchmarks & Outcomes**
Community Case Management Intervention Services & Gang Re-direct	●With discharge from hospital intensive follow-up begins. Case managers use EBP "Motivational Interviewing" Approach and EBP Case Management Components: Effective Case Management, DOJ (February, 2010) ●Community Case Manager assists youth to meet probationary conditions, as well as, basic needs, the new personal employment/ education, family goals they set for themselves. ●Provide Trauma Informed Case management Intervention services ●Staff provide coaching/ mentoring support ●Provide individual and group interventions CBI. ●Gang Mediation and Crisis Response Services provided as needed. ●Reduction in common Criminogenic risk factors	T2TP Intervention/ Case Management Staff; Referral to other BEST Case Management Service Providers under contract as appropriate.	Benchmarks used during the first 6 months, as appropriate including the following: • Receiving injury follow-up medical care, • Obtaining Victims of Crime financial support, • Getting medical bills paid, • Securing safe housing, and other Stability Factors • For school age youth patients, getting back into school. • Job Placement Assistance During the later stages of care, (6-12 months), Case Management Intervention is not as intense and/or terminated and clients are enrolled with other community services including; • Getting a G.E.D., • Completing job training, • Completing a substance abuse and/or mental health treatment program, • Building a sustainable support network. -Record Clearance Services –Tattoo Removal
Tattoo Removal Services	●Service includes Competency Class, Record Removal, Job Assistance, referral to other services. Free and low fee	City Clean Slate Program and New Skin Tattoo Removal Agency	-Removal of facial and other visible gang/ negative tattoos and completion of Life Skills group.
Employment and Job Training Assistance, GED Assistance. Mentoring Services	●Employment, Job Training, Job Search Assistance, High School Diploma, GED Assistance. Pre-employment assistance, job search, job skill training	-City of San Jose Work2Future Program - Center for Training and Careers. -San Jose Conservation Corp -Adult Education -San Jose Job Corp -Community College	-GED Preparation Classes, -Taking and passing GED Exam, -Job Preparation Readiness Services, Job Placement Services, -Employment Skills Training -Post Secondary Education

[1] This is an evidence-based practice as documented in *Benefits of a Hospital-Based Peer Intervention Program for Violently Injured Youth, College of Surgeons 2007;* Journal of Adolescent Health, March 2004; Journal of Trauma, 2006, American College of Surgeons Journal

[2] Strategies being utilized are proven strategies based on the research of Lipsey in 2009 and the Washington State Institute for Public Policy in 2009

Mental Health Services	●Individual, Group and Family Counseling. Trauma informed practice.	-County or BEST Nonprofit Licensed Mental Health Providers -Intervention Specialist	-Enrollment in Outpatient Mental Health Program. - One-on-One Coaching and Support
Drug and Alcohol Dependency	●Licensed/Certified Substance Abuse Services.	County and Nonprofit Service Providers	-Enrolling and completing a Substance Abuse Treatment Program

T2T Program Key Staff Roles, Tasks and Service Benchmarks

The following sections outline T2T Program Key Staff Roles, Service Tasks, Service Benchmarks, and Program Evaluation Activities implemented. The program design incorporates evidenced-informed practices supported by research on model programs, such as Caught in the Crossfire Program Manual: A Peer-based Hospital Intervention Program for Violently Injured Youth (October 2009). The process begins with the identification of the client, followed by hospital bedside services/assessment, and T2T program introduction and voluntary consent of the client to meet with T2T staff. The City of San Jose T2T Program Coordinator is contacted and an intervention team member(s), either a city staff member or contracted nonprofit service provider, is sent to meet with the client. Depending on the severity of the injury, several hospital bedside visits are made to assist the client, build trust (also with family or significant other(s), especially minors), and finalize a Discharge Plan. The chart below provides a more detailed description of the phases and steps included.

Hospital Staff Procedures	
Step 1	Identification of potential Patient admitted to Trauma Unit.
Step 2	Determine Patient eligibility: (Gang related Injury, Weapon or Assault, and Individual/Group violent assaults).
Step 3	Introduce Patient to HBIP and gain Patient Acceptance. Program Social Workers perform a complete psychosocial assessment to identify needs and risk factors, discuss future plans/goals, and prioritize needs with patients. In addition, during patient's hospital stay, Social Workers provide psychosocial support, services, and resources as needed.
	Hospital will maintain patient demographic and service characteristics data profiles of clients accepting services.
Step 4	With Patient Acceptance, make referral to City Intervention Manager.
Step 5	Hospital Social Worker/Nurse consultation/collaboration with YIS in formulating *Hospital Stay* and *Discharge Service Plan*. Considerations: Severity of Injury; Patient, family; visitor's characteristics/ coping; Length of stay expected; Follow-up medical care support; Psychological and emotional trauma; Patient risk of retaliation or re-injury; Crisis Intervention/Mediation; Eligibility for Victim of Crime support; Medical expenses and coverage's; Contact information of significant others; etc.
Step 6	Maintain Team Consultations and Collaborative meeting/discussions after discharge.

Community Interventionist Staff Procedures	
Step 1	Hospital bedside visit with Patient or Family (if medically feasible) within same day, or first thing next day, of notification. Staff will begin risk/needs assessment during this time, which may carry over into period of first 30 days.
Step 2	Risk/Needs Assessment Focus: YIS staff will assess Patients for potential Re-injury, Retaliation (by them or other), and need for follow-up case management intervention and support. While not constituting diagnostic categories (and with some overlap), but primarily for setting service delivery standards, we will group patients as Low-Risk, Moderate-Risk, and High-Risk.
Step 3	Key Life Areas that will be assessed (Correspond to research findings related to risk of violence/offending-Criminogenic Needs) are included in the list below. The follow-up medical care appointments and services will always be incorporated in case management plan. **Risks/Needs Assessment Factors:** *Thoughts and Beliefs*: (Pro-social or Anti-Social/Retaliatory); *Coping/Self-Control Skills*: (ADHD, Impulsivity-Anger Management); *Friends/Associates*: (Gang Influenced or Offenders), *Family/Relationships:* (Family Health-Maladjustment-Revenge), *Alcohol and/or Drug Use*: (Substance Abuse Problem/Issues), *School (School Age):* (Not engaged/low achievement, Truancy, drop-out), *Work or Vocational/College*:(Under-employed-Unemployed-Poverty-Underground economy), *Use of Free Time:* (Lack of Healthy Personal/Social Support/Activities), *Identify Stability Needs and Client Strengths(*Basic Needs, Personal, Family, Community Supports).
Step 4	**Trauma Awareness and Assessment**: What are the effects on patient/family? Hospital orientation and training for City Youth Interventionist includes a one –day trauma-informed care class. -Physical Trauma: Know injuries/wounds and physical on-going symptoms from the related Injury, and Individual/Group violent assaults. What are the day to day physical effects on patient e.g. pain, medication affects, headaches, increased/decreased appetites, or digestive problems, sleeping problems, etc. Emotional Trauma: *Shock or numbness:* Patient may feel "frozen" and cut off from their own emotions (like watching a movie). May not be able to make decisions or conduct their lives as they did before the assault. *Denial, Disbelief, and Anger*: Patient may experience "denial", and unconscious defense against painful or unbearable memories and feeling about the assault. Or they may experience disbelief, telling themselves, "This just could not happen to me!" They may feel intense anger and a desire to get even with the offender.

	Acute Stress Disorder: Some patients may experience trouble sleeping, flashbacks, extreme tension or anxiety, outbursts of anger, memory problems, trouble concentrating, and other symptoms of distress for days or weeks following an assault. This patient may be experiencing acute stress disorder (ASD) if these or other mental disorders continue for a minimum of two days to up to four weeks within a month of the trauma. *Posttraumatic Stress Disorder (PTSD)*: If the symptoms of ASD persist after a month, the condition becomes PTSD. Referral to professional behavior health services will be made as appropriate.
Step 5	**Levels of Case Management Intervention:** The greater the combination of needs/risk factors the greater the level of case management intervention needed. *High-Risk and Care Needs*: Patients with a High Risk of Re-injury or Retaliation and may also be ready to change lifestyle. They receive *Intensive Patient Intervention & Support.* Minimum of three contacts a week via phone/face to face; first 30-45 days. The emphasis is on winning over the trust and engagement of the Patient and supporting their intrinsic motivation for positive change during the first 30-45 days. Reduce risk for re-injury/retaliation, and offending. Assist with medical follow-up, financial matters, and family support, etc. With successful engagement, Patient and staff can work on short and longer term service benchmarks up to 6-12 months. *Moderate Risk and Care Needs:* Patient with Moderate Risk of Re-injury or Retaliation, but with substantial needs for a variety of support and services. Minimum of one face to face contact a week with phone follow-up as needed to address short term service benchmarks over 3-6 months. *Low Risk and Care Needs*: Patient at lowest risk of re-injury or retaliation, not risky lifestyle, and with fast recovery and resilient personality. Minimum of one face to face contact every two weeks, with phone follow-up as needed, addressing short term service benchmarks over a 1-3 month period. Emphasis is on preventing trauma symptoms, further victimization, and linking up with needed community resources to support their full recovery and assure re-adoption of their normal life again.
Step 6	***Formulation of Individual Service Plan and Service Benchmarks:*** Staff in consultation with Client prepares an Individual Service Plan (ISP) that reflects the service priorities of the client at that time. Short-term goals are the initial focus to generate immediate benefits for client and grow motivation for longer term goals as appropriate. ***Service Benchmarks*:** Shorter Term Service Benchmarks may include (for 1-6 month Period): *Receiving injury follow-up medical care*; Obtaining Victims of Crime financial support; *Getting medical bills paid/arranged*; *Securing safe housing (or relocation)*, if needed; *Client willing and able to assume normal routine (reduced trauma affect)*; *Get back into school*; *Stay free of Re-injury and Retaliation; One-on-one CBI-life Coaching and Support*; *Arrange for*

	Mental Health and/or Substance Abuses services as needed; *Arrange for Employment Services* (if needed); *Arrange for Record Clearance Services*; Other priority short-term service needs. ***Service Benchmarks*:** Longer Term Service Benchmarks: During the later stages of care, (6-+ months), Case Management Intervention is not as intense and/or terminated and clients are enrolled with other community services including: *Improving school performance or getting a GED, High school graduation*; Enrolling in and completing job training, or *vocational/college education*; *Recorded Clearance completed (more serious felonies*) ; *Participating/completing substance abuse and/or mental health treatment program*; *Complete probation supervision, and/or restitution requirements*, *Building a new sustainable pro-social support network*, etc. Other identified priority needs.
Step 7	Case Conferencing and Case Management File Reviews: Staff receive bi-weekly case conferencing reviewing their engagement and assessment of new clients, progress on Individual Service Plans (ISP), trouble shooting, and assisting with securing needed resources. Program Management will also conduct periodic patient file reviews to assure proper and updated documents. Staff secondary trauma support will be assessed and support provided if appropriate.
Step 8	YIS's document Client Service Delivery weekly with Program Data Collection Forms. Administration will tabulate monthly reports of on client/patient numbers and volumes of service.
Step 9	Conduct bi-monthly program coordination meeting between SCCVMC and City to enhance service delivery collaboration, program planning/problem solving, to address program expansion and replication objectives, to monitor evaluation activities, and plan for program sustainability.
Step 10	Program Evaluation and data collection activities implemented as planned. The T2T CalGRIP funded Project was evaluated for a three year period. Project process evaluation focused on the collection of data to demonstrate that the T2T program was being implemented as planned in comparison to the proposed three-year work plan. Attached is the evaluation plan submitted and approved by the State CalGRIP Office.

The Role of Family, and Significant Others

A major responsibility of the staff is assessing the capacity of family members, caregivers, or significant other to provide an adequate level of support to a violently injured youth/young adult. Family/caregiver involvement in the development and implementation of the *T2T* service plan can be crucial as family members can provide vital support and reinforcement to participate in the program.

A supportive family may function as a protective factor against future acts of violence; conversely, an unsupportive family can be a risk factor. Tragically, family members of even the

youngest participants are often unable and/or unwilling to provide required level of support. Some parents or caregivers are struggling with serious issues such as poverty, substance abuse, criminal activity (including gangs), domestic violence, a single parent working two jobs or disabled. Others may have a parent incarcerated in prison or jail and are living with a relative. Finally, often the youth or young adult is estranged from the parent with no stable place to live. During later adolescence, the influence of family may be supplanted by peer influences. The strongest risk factors as predictors for future acts of violence are weak ties to conventional peers, replaced by ties to antisocial or delinquent peers, belonging to a gang, and involvement in other criminal acts. Older youth may be at a developmental level where positive support from family members, even those who are willing and able to engage, may be unwelcome by the youth. However, when family members and close friends are able to provide positive support to a violently injured youth, *T2T* staff can engage them in the following ways:

Attain consent for participation from parents/guardians (required to serve any youth under 18).

Involve family members and close friends early on it conversations about services provided by T2T, as well as, conversations about the violent incident and potential retaliation as appropriate. Learning about the benefits of the program to the injured youth, friends and family frequently dissipates the anger and frustration that can lead to retaliation. Bringing family members and close friends who are providing the youth with positive support into the needs assessment and case planning process re-focuses them on healing instead of retribution. Also involving the family members can help a participant remember to attend appointments and follow through on short and long-term goals.

Conduct regular face to face interactions with the family members/close friends. This increases the chances that the staff can identify and help resolve family issues and concerns that may have contributed to the precipitating violent injury, such as family member substance abuse, domestic violence, gang involvement, or lack of adequate housing.

<u>Providing limited services to family members that directly impact youth/young adult</u>

Although the staff does not have time to work on a separate service plan with a client's family members (even if their needs are great), there are obviously certain times that a need of a family member has a significant impact on the youth/young adult and must, therefore, be addressed. For example, if the family has limited food, is facing eviction or the utilities are threatened to be turned off, the staff can and should provide support to the appropriate family member to address and resolve this issue. Similarly, many services that the Intervention Specialist identifies for the client will also have the ability to provide services to family members (e.g., agencies that provide individual and family counseling).

Concluding the Case Management Intervention Process

Most case plans are phased out within six months. Client and interventionist may stay in phone contact periodically to support their progress and may return for assistance within year if needed. Case management services may be available for a longer period as decided on a case-by-case basis in consultation with the Program Coordinator. Several factors can trigger the conclusion of *T2T* case management intervention process.

- One is when a participant has met the objectives of his/her case plan, is stabilized, and/or the participant is continuously working toward goals with minimal assistance. At that point, the staff and youth/young adult complete an exit interview, focusing on accomplishments over the preceding months and on concrete plans for the future.

- Another is when a participant chooses to discontinue working with the program by refusing service, not responding in a timely way to multiple efforts (phone and in person) by the staff to contact him/her, or the client may move out of the area, county or state. Should a participant contact the staff for services in the future, *T2T* will work with the participant as previously planned assuming the staff has space on his/her caseload.

We also have hospital patients who consent to participate in program while in hospital and have second thoughts after discharge and refuse service, and/or do not utilize valid personal contact information. They are mostly homeless or highly mobile persons who are very difficult with whom to maintain a helping relationship or regular communication.

Confidentiality

It is the responsibility of all staff to safeguard sensitive program information. The integrity of the program is dependent upon protecting and maintaining proprietary program information. Intervention staffs who engage patients at bedside receive Health Insurance Portability Accountability Act (HIPAA), and the California mandated reporting requirement training. The T2T program recognizes the participant's rights to privacy. In achieving this goal, the program adopts these basic principles:

The collection of participant information will be limited only to program staff.

Participant's personal records will be kept confidential.

Access to participant's records will be limited to those staff having authorization.

Access may also be given to third parties, including government agencies, pursuant to court order or subpoena; or by participant's written approval.

Participants are permitted to see their personal information file maintained by program records. They may correct inaccurate factual information or submit written comments in disagreement with any material contained in their program file records.

III. Data Collection Methods (Report guidelines)

Program Documentation Methods: Process and Performance

In order to document the T2T Program implementation, several Process and Performance data collection methods, tools and meetings were utilized. These documentation methods and processes allowed project management to provide constant feedback on the service delivery process and service performance, and strengthen the fidelity to the Evidenced-Informed Service Model.

Process and performance data collection methods included the following:

Client Profile Data:

a) SCVMC patient data base reports,

b) Hospital documentation of introducing patient to program,

c) Patient or parent signed approval to be referred to T2T Program,

d) Interventionist documentation of visit(s). Referral forms include client demographics and contact information, admission date, referral date, brief description of incident, type of injury, and patient condition and potential discharge timing.

Client Referral List:

Program Coordinator maintained referral list, which Interventionist the case was assigned to and the date it was assigned. This list was also utilized to monitor client service status on a quarterly basis.

Case File:

Case file is opened on each client by Interventionist with (a) Referral form, (b) Permission forms (for minors) assessment information, (c) Services goals and plan, (d) Progress notes and (e) Case closure forms. This documentation will be maintained in an on-line case management system in 2018.

Service Delivery Data Collection Form:

During the three year period of the T2T Program, Interventionist documented weekly all service contacts with the client with the Service Delivery Data Collection Form and turned the form into the Program Coordinator. The data form was entered into an Excel Database for each staff member and client. This data report allowed the following: measurement on a monthly and quarterly basis of the volume and type of services that were provided; the dosage (frequency) by worker for client. In addition to providing contract performance data these forms allows for process documentation, and tracking the fidelity of the implementation of the service model. During the third year of the T2T Program, the City invested in developing an on-line case management system which now allows the staff to enter above data/information on-line in electronic files, and

management to review and produce reports in real time. This documentation will be maintained in an on-line case management system in 2018.

Service Benchmark Form:

This form is filled out by the Interventionist on a monthly basis and turned into the Program Coordinator. This form records core program services areas (as needed), such as the following:

a) Received Injury follow-up Medical Care,

b) Victim of Crime Assistance,

c) Clients ability to Resume Normal Routine,

d) Enroll in Education or Employment Program,

e) Has the Client Stayed Free of Violent Incident,

f) Was the Client Rearrested,

g) Did client receive One-On-One Coaching and Support, and

h) other Service Benchmark areas.

This data help T2T Program to track the fidelity of the implementation of our service model. This form is also now part of the on-line case management system electronic files.

Case Management Intervention Supervision:

a) The Program Coordinator conducts weekly staff meeting,

b) There were weekly case conference supervision conducted by Consultant, which were changed to bi-weekly after the second year.

c) The staff at SCVMC conducted a monthly total team case conference meeting. All these meetings focused on supporting interventionist in their work, problem solving, sharing new resource information and assuring the high quality care, and the fidelity to the service model.

Quarterly Review Meeting:

Each quarter a meeting was held with all project parties to review the collection of performance data for the quarter.

a) A power point presentation was presented which displayed program enrollment and client service performance data for quarter. This was part of the program's commitment to Continuous Quality Improvement.

b) All staff participated in discussing issues encountered,

c) How best to address them, and

d) identify any new plan for the subsequent quarter.

Program Client Service Outcome Evaluation: Methods and Variables

The Client Service Outcome Evaluation focused on the client service benefits that were experienced, supported and/or achieved as a result of the client's participation in the T2T Program hospital based program and follow-up case management Intervention services. The outcome measurement areas included core service elements, which the evidenced-based program service model emphasized.

Outcome measurement areas included the following:

- Patient/Client recidivism data related to re-arrest for violent acts/crime and Hospital re-entry for violence-caused injury;
- Improved feeling of being in a safe environment and improved sense of well-being in his/her life;
- Employment status;
- Education Status;
- Pro-social/Positive Life style changes because of the project's care and services;
- Targeted benefits from new knowledge, skills, behavior, and attitudes because of the project's care and services.

Project data collected and the method(s) used to collect it: Each client participated in a risk/needs assessment process that focused on dynamic risk factors that could lead to violence and reoffending, such as Anti-Social Attitudes, Cognitions; Anti-social Associates, Peers, Anti-Social behaviors. The risk/needs assessment process also measured the protective factor of the presence of caring adults from the family, school or program staff in the life of the youth/young adult. In addition, the following data was collected: (A) Patient characteristics: (1) Male/Female; (2) Age; (3) Type of Injury (stabbing, GSW, Physical Assault); (4) Home address; (5) Time/day of arrival; (6) Ethnicity; (7) Insurance coverage/or other sources of payment; and (8) Discharge Plan indicating services

Case Management/Mentor Service Plan elements were noted in case management files and tracked in the project database including (1) referrals; (2) types and frequency of client contacts; (3) types of services received; (4) hours of direct service and hours of structured pro-social activities; (5) location and service providers; and (6) re-arrest or new violent incident.

The following processes were implemented to collect client outcomes:
Staff Client Case Conferencing Information; Bi-weekly

Client ADS - Adult Dev. Survey/Interview (6 months and 12 months and/or exit interview)

Client CMRS- Case Management Reaction Survey/Interview (6 months and 12 months and/or exit interview)

Program Staff Surveys (6 months and 12 months and/or exit interview)

Data collected from project funded-staffs' assessments and case management files of clients.

One of the goals of Service Productivity is that the youth/young adults served by the program demonstrate that they have increased in their asset development relative to the project specific focus, as measured by (1) decrease in the recidivism rate, and the youth/young adults experiencing an (2) increased environment of safety and well-being after violent trauma. Service Productivity also measures the asset development in partner (Service Provider)-specific service productivity, that is, program services effectively changing "for the better" new knowledge, skills, behaviors and attitudes of program participants as indicated in individual assessments by youth and the project-funded staff. The project-specific focus on decreasing recidivism were measured in survey items number 5, 17, 18, 19, and 24 along with information from the case management files; and increasing the youth's experience of their environment as a safer one, as well as an increased sense of well-being in his/her life due to the T2T services received were measured by survey items number 6, 8, 10, 11, 12, 20 and 21 on the Youth/Young Adult Survey. The Partner (Service Provider)-specific focus on improved knowledge, skills, behavior and attitudes were measured by survey items 5, 7, and 9 on the Youth/Young Adult Survey and items number 4, 5, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 8, 5, 11, 12, 13 and 14 on the Staff Individual Assessment/Survey. See Appendix E for Sample Survey.

IV. CalGRIP T2T Three Year Project Goals and Objectives

Over the three-year period (January 1, 2015- December 31, 2017), the T2T Program proposed to serve 250 eligible patients from the ages of 12 to 30 while in the Hospital Trauma Center who were admitted to SCVMC due to an individual and/or group assault or gang-related incident. In addition, they would be served with a more intensive and evidenced-informed comprehensive follow-up case management intervention services upon discharge from the hospital.

The following sections will report on the T2T Program Performance and Outcome data for the three year grant period.

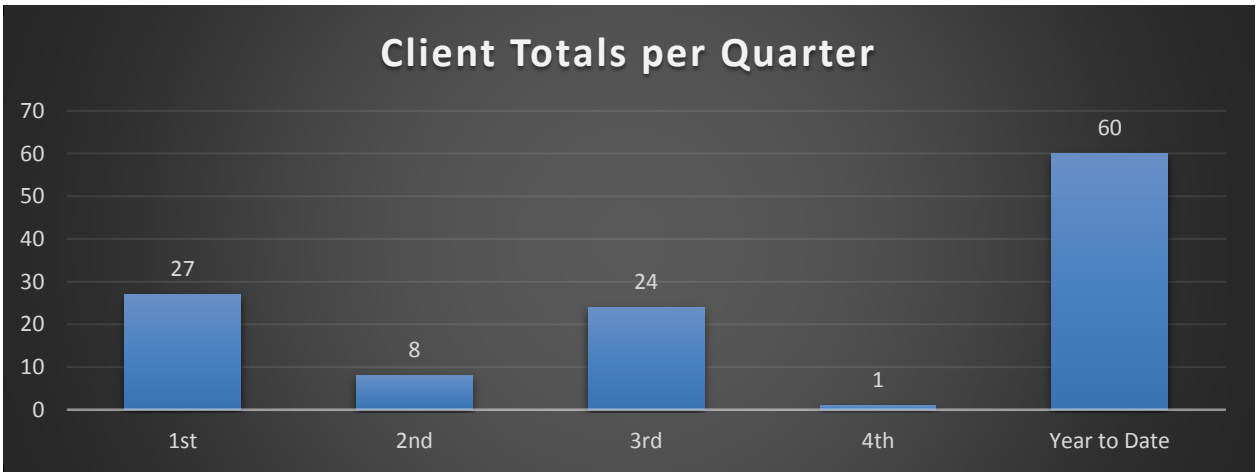
T2T Program Client Survey and Staff Outcomes Data

Year 1: Start-Up Project Year Performance Data: January 1, 2015 through December 31 2015

The T2T project was funded on a calendar year basis. The following section will provide Program Performance and Evaluation information and findings from January 1, 2015 through December 31, 2015, the start-up project year; January 1, 2016 through December 31, 2016, the second full year; and the third year section will provide summarized information for the full three year project period.

Performance Data

The first year of the CalGRIP funded T2T Program began in January 1, 2015. The goal was to service 60 clients with Case Management Intervention Services. The following section provides performance data highlights for the 2015 program year. The chart below shows the client referral flow per quarter for 2015 to the T2T Program.



Analysis Comments

The T2T Program began a transition from the Pilot Program in December 2014 by accepting and enrolled referred clients to be served by the CalGRIP-funded program beginning January 1, 2015. The partners did not want to unnecessarily delay services to eligible clients.

The T2T start-up year experienced some contractual and related staff hiring delays, which required some alterations to operate the program. In particular were the following:

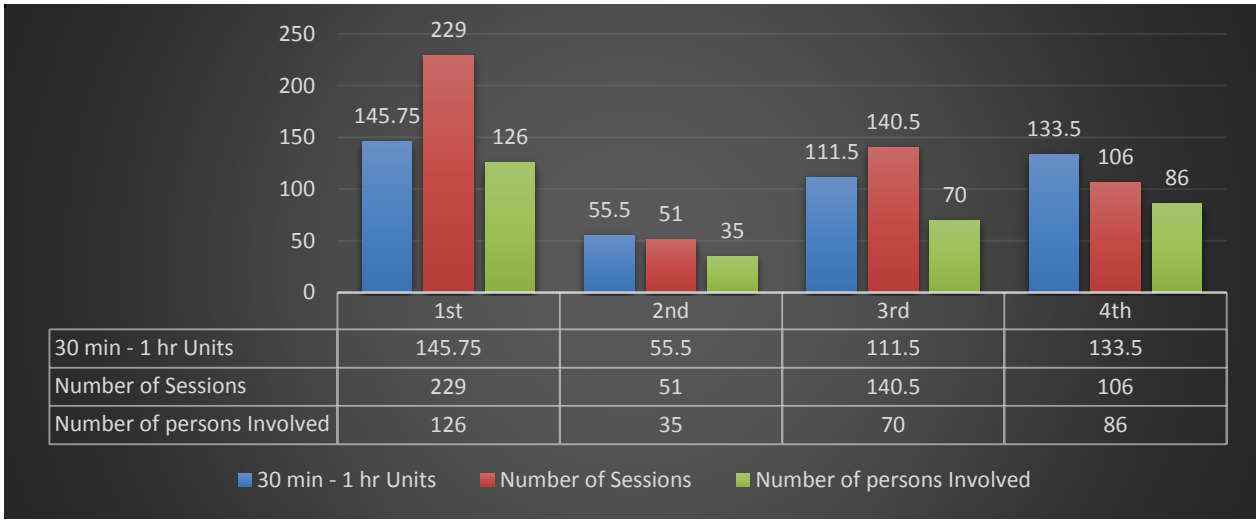
The delay in getting the funding agreement notification and contract from the State of California delayed the City's administration authorization to expend the proposed budget for staff hiring and other planned contract services with community-based service providers.

In order to start the T2T program in January, the City administration redeployed some existing Youth Intervention Program Staff to work on the T2T project on a limited case by case basis. With some initial training, this step allowed the City staff to accept referral from the Hospital T2T Program Partner in December 2014 for the January 2015 program start-up.

While the utilization of existing staff allowed the City to accept referrals and provide case management services, due to staff's other job requirement and time commitments, staff were limited in their availability to implement a full volume and range of services as planned.

The initial delay had a rippling effect in delaying the hiring of new City staff for the project and contracting with service providers, which resulted in the T2T Program not being able to operate with a full capacity of staff and community agencies contracted as service providers until six months in to the first year.

The following chart shows the Services Hours, Number of Sessions and Number of Persons Involved (family, significant others, collaborative service staffing, etc.), per quarter.



	1st	2nd	3rd	4th
30 min - 1 hr Units	145.75	55.5	111.5	133.5
Number of Sessions	229	51	140.5	106
Number of persons Involved	126	35	70	86

Analysis/Comments

The first quarter had the largest number of service hours and number of service sessions. The second quarter showed a drop off and then increased in the third and fourth quarters. The Annual Total for Service Hours was 446.25, the Number of Sessions was 526.5, and Persons Involved totaled 317. The variation in service hours and sessions can be attributed to additional job duty demands of youth intervention workers, as they served the safety needs of schools, and other community issues.

The chart below shows the most frequent Type of Service provided, and Annual Hour Allocations.

Chart: Type of Services Provided and Annual Hour Allocations

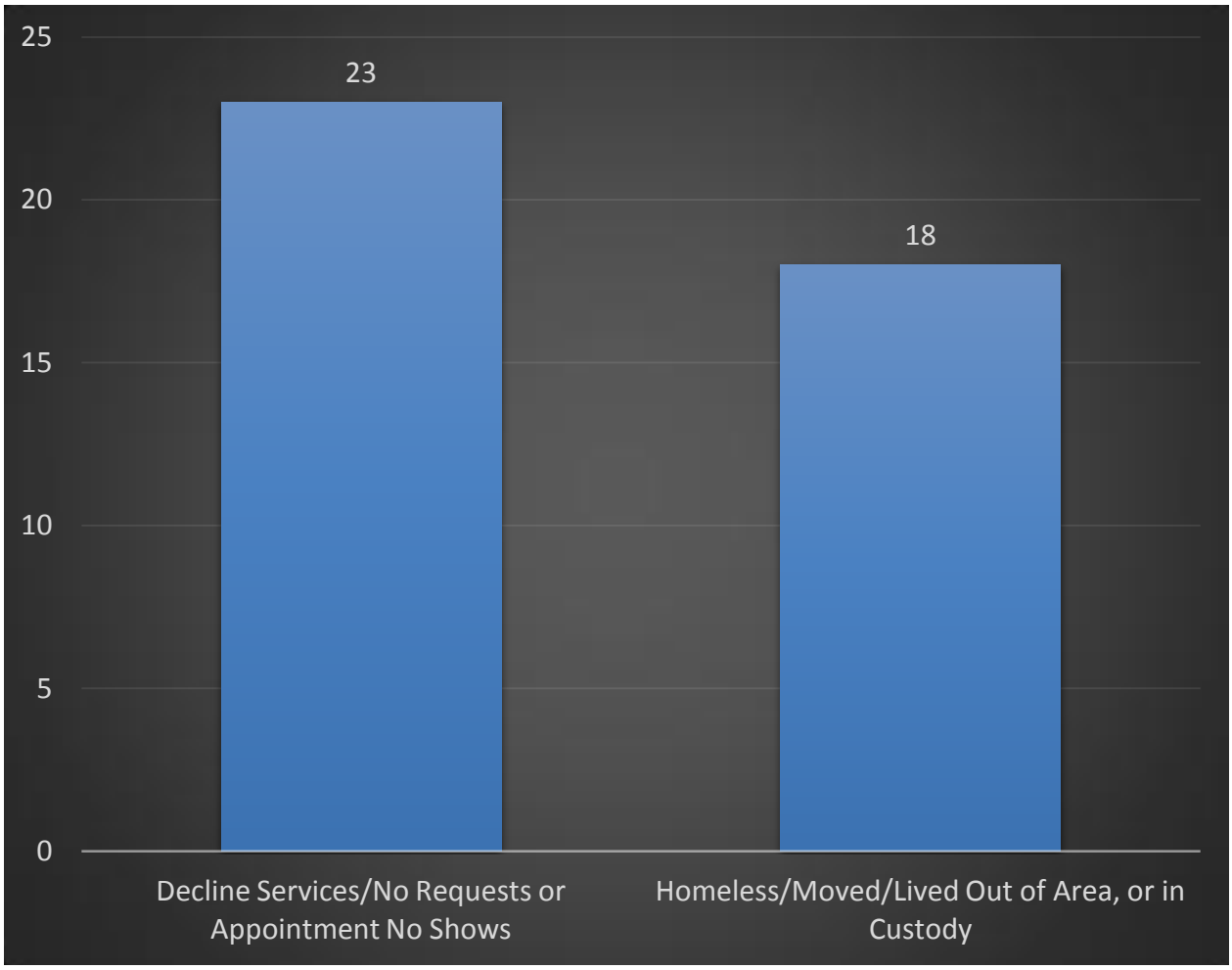
Type of Service	Hour Allocation
Intake/Referrals from SCCVMC: Assessment of client for program enrollment and level of risk	23
Hospital Visitation(s)	36.5
Phone Contacts & Servicing	353
CMI: Home Visitation(s)	37
Personal Basic Needs☹Food, Cloth, Hygiene, etc. Application Assistance	6
Victim Witness Assistance (Application, Processing, Joint Visits)	15
School Reentry/Appointments	2
Education Assistance (GED Prep, Community College Admission)	5
Prosocial Recreational Activity	4

Analysis/Comments

As discussed previously, the redeployment of existing staff to part-time status in order to provide start-up delivery of services resulting in a reliance on phone contacts to manage services, as a way to coordinate and stay in communication with clients. The delay of hiring and contracting processes for T2T Program dedicated service staff, also contributed to these numbers.

The chart below highlights some client profile characteristics that challenged staff in coordinating services to this target population: often found to be suspicious of public, governmental services, Law Enforcement, homeless and/or highly mobile populations. These client characteristic persisted through the second and third year of the T2T Program.

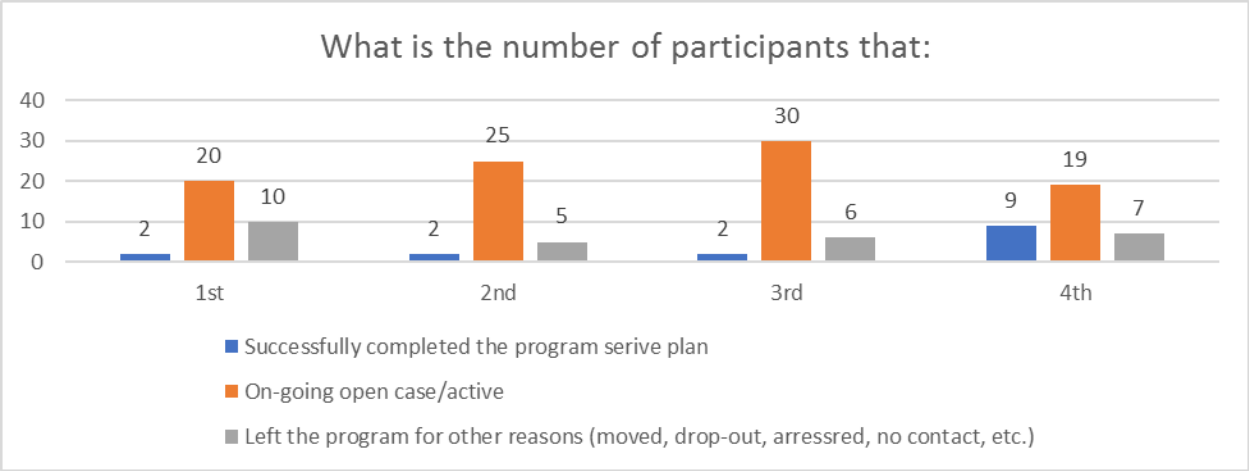
Challenging Client Characteristics



Analysis/Comments

The T2T Program had nine clients whose services were interrupted due to *arrests for probationary violations and/or arrest warrants for activities prior to enrolling in the T2T program.* The T2T Program also had one client who was re-injured from a gunshot wound during the year 1 program year. The declined consent for service number below represents the declining of services at bedside and after released and back at home. The bedside number of declines for consent alone for 2015 was 6. Once clients are back in the community for a variety of reasons they may decide to reverse their bedside decision and decline services.

The following chart shows the number of clients per quarter for 2015 who partially or completed their service plan, continued their service plan from one quarter to another (On-going open case), and left the program for variety of reasons.

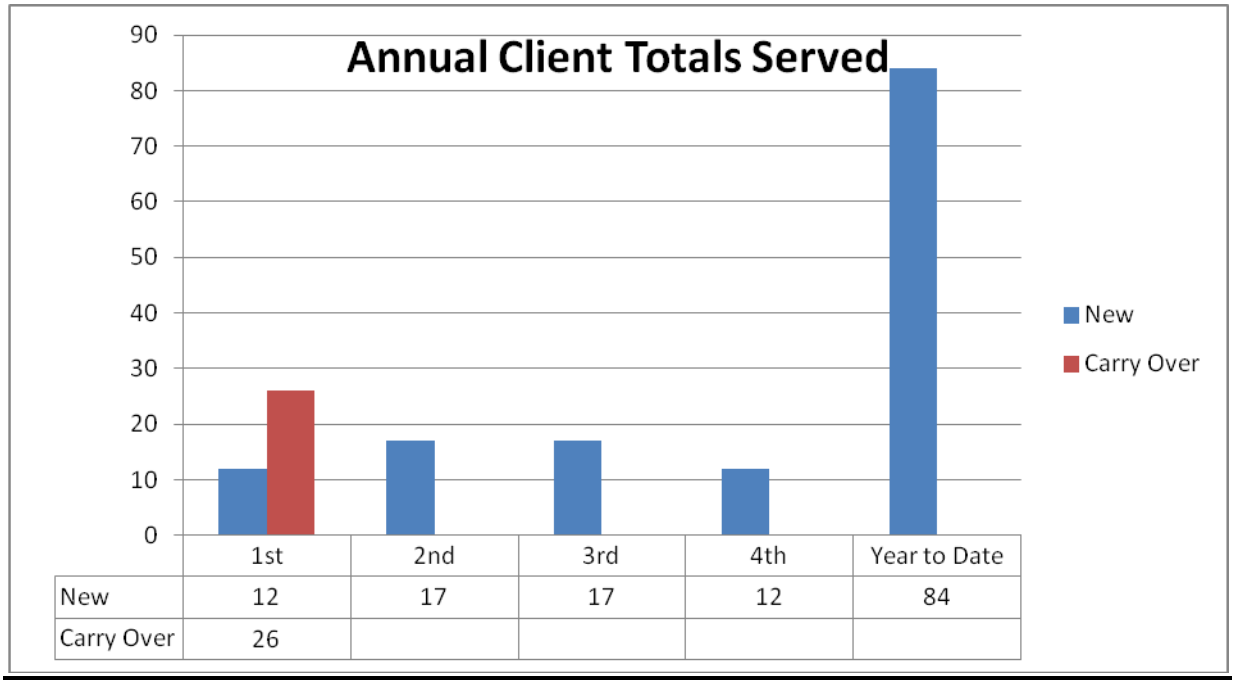


Analysis/Comments

There were a total of 60 clients referred to the T2T Program during the first year of operations. Twenty-eight T2T Program clients left for such reasons as "moved, drop-out, were arrested, loss of contact." The clients hardest to engage and continue their participation in services were the homeless and transient/highly mobile client, and system-involved clients as discussed previously. Staff reported difficulties staying in touch with them, and they often left the area, and were unable to maintain appointments, a cell phone, or contact number. The 28 individuals constituted 47% of the first year clients. Staff recorded 15 clients who partially or completed their service plan and their case was closed. This constituted 25 % of the total number of 60, and 47% of the 32 number of clients who were engaged in their service plan. The use of part-time redeployed staff could also have affected the ability of staff to maintain client engagement with clients with unstable lifestyles. The majority of case closures in the "successfully completed the program service plan" category were in the 4th quarter, which is attributed to the length of service time required to build rapport and address the complex needs of the clients.

Year 2: Performance Data for January 1, 2016 through December 31, 2016

The second year of the CalGRIP funded T2T Program was January 1, 2016 through December 31, 2016. The goal was to service 90 clients with Case Management Intervention Services. The following section provides performance data highlights for the 2016 program year. The following chart shows the client "Carry Over" number of 26 from 2015, and referral flow per quarter to the T2T Program for 2016. "Carry Over" clients constituted individuals who were enrolled in the prior program year and still had active cases, so that terminating them arbitrarily, based on program year would be contrary to the evidenced-based service model, and best practice.



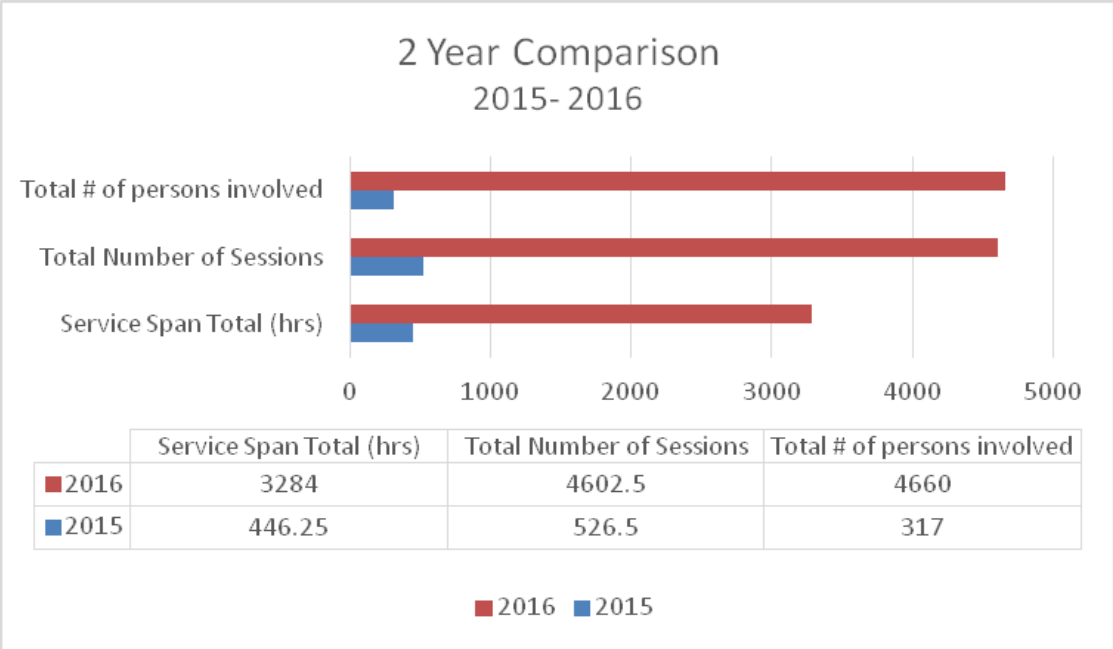
	1st	2nd	3rd	4th	Year to Date
New	12	17	17	12	84
Carry Over	26				

Analysis/Comments

The second year of the project began with a dedicated full-time project staff and community-based service provider partners in place. The T2T Program serviced 84 duplicated clients or 93% of our stated goal. While the client referral and service goal was not reached the T2T Program fully implemented their Evidenced-Based Intervention Program Model, and as demonstrated in the preceding chart, by far exceeded the service delivery volume of the first year start-up operations. This full implementation of the Evidenced-Based Hospital Based Intervention Program Model was critical for the second year, so that they could document full implementation of the T2T model and also build off their learning for the third year of the program. During the first quarter of 2016 the T2T Program carried over 26 active clients from the 2015 year to the 2016 year.

As previously stated, the service delivery volume in 2016 far exceeded the 2015 start-up year. The following chart provides a visual comparison. The T2T Program increased their Service

Hours *seven-fold*, the Number of Sessions increased *nine-fold*, and the Number of People Involved increased *fifteen-fold* over the first year. The staff was more successful in engaging and *"holding* on" to their clients than in 2015.



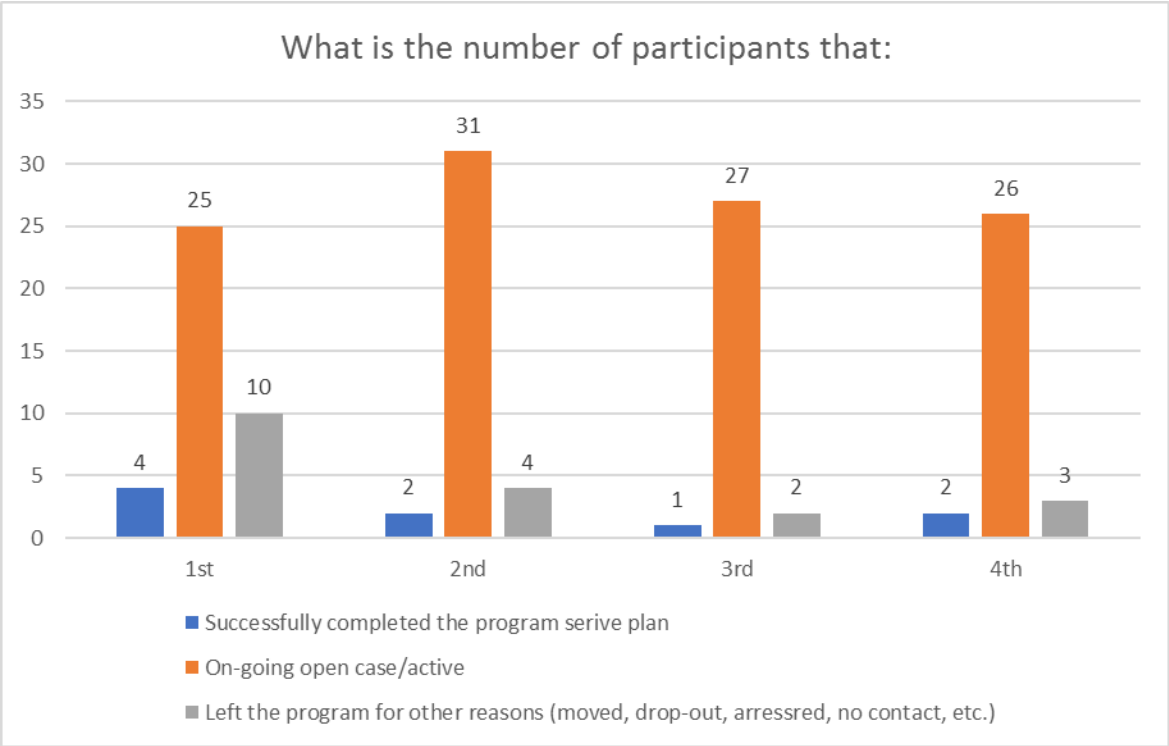
The chart below shows the most frequent Type of Service provided, and the Annual Hour Allocations.

Type of Service	**Hour Allocation**
Hospital Visitation(s)	151
CMI: 1-1 Intervention and Coaching (Trauma Reduction, Problems of Living, Mentoring, etc.)	406
Phone Contacts & Servicing	588
CMI: Home Visitation(s)	510
Personal Basic Needs Food, Cloth, Hygiene, etc. Application Assistance	171
Victim Witness Assistance (Application, Processing, Joint Visits)	117
Mediation Sessions/Follow-ups	239
Prosocial Recreational Activity (1-1, Movie/Dinner, Sports Event, Theme Park)	201
Other Assistance (Social Services, Financial Assistance, Family Member Assistance, etc.)	163

Analysis/Comments

Client contacts via Phone, Intervention/Coaching, Home Visitations, Pro-social activity contacts and Conflict Mediation contained the majority of hours. *These types of service hours demonstrate a significant increase in client engagement effort, due to full- time program dedicated staffing.*

The following chart shows the number of clients per quarter for 2016 who completed their service plan, continued their service plan from one quarter to another (On-going open case), and Left the program for a variety of reasons.



Analysis/Comments

There were a total of 84 duplicated clients serviced by the T2T Program during the second year of operation, an increase of 24 clients. Nineteen (19) of them left for reasons such as: "moved, drop-out, were arrested, and lost contact with." As stated in the 2015 performance section of this report, the clients hardest to engage and service again were the homeless and highly mobile, system-involved client. Staff reported difficulties staying in touch with them, and their often leaving the area, and unable to maintain appointments, a cell phone or contact number. The chart also shows that the population leaving was a smaller percentage (23%) of the total population served, as staff was more effective at keeping clients engaged in services. The increase in on-going clients is also attributed to this increased ability to maintain client engagement.

T2T Program Referral Issues

The T2T Program anticipated a larger number of referrals the second year from Santa Clara County Valley Medical Center, than the 58 referrals received. In order to understand the patient characteristics that were affecting the referral flow and volume to the T2T Program, the program administration took a closer look at the Trauma Center enrollment, screening and program consenting process.

During the Second Year of the T2T Program Santa Clara County Valley Medical Center screened a total of 303 patients categorized as "Interpersonal Violence" entering the Emergency Department or Trauma Center. Based on the program Screening Criteria, there were a total of 208 Ineligible Patients for T2T Program referral. Screening Criteria included:

Over 30 years of age (130 Patients),

Domestic Violence (15 Patients),

Self-Inflicted (28 Patient),

Out of County (28 Patients) and

Other Exclusionary Criteria (34) including Mental Health, Bar Fight, PD Altercation, Custody, and Unintentional Incident

The Hospital Project Staff were able to approach 93% of patients eligible to participate in the T2T Program; 7% were released before they could be approached. Of the eligible patients approached, eighty-*five percent (85%) consented to participate in the T2T Program.* This percentage of "Consenting to Participate" is considered a high level of acceptance. Additional relevant patient demographic and incident characteristics data is displayed in the proceeding charts and Client Profiles in the report Appendix, demonstrating the T2T Program was servicing its targeted population.

A sample of 152 Patients was admitted to Trauma Unit between January 1, 2016 and December 31, 2016, who met T2T Eligibility Criteria (*but not all referred*) had the following profile characteristics. Ninety-one percent (91%) were in the 18-30 year age range, ninety-three percent (93%) were males, sixty-two percent (62%) were Hispanics, and sixty-three percent (63%) resided in the city of San Jose. Twenty or 13% were from the surrounding cities in Santa Clara County.

Chart: Client Demographics

	Number	Percentage
Age		
18-30	138	91%
13-17	14	9%
Gender		
Male	141	93%
Female	11	7%
Ethnicity		
Hispanic or Latino	94	62%
Not Hispanic or Latino	58	38%

Residence Zip Code:		
City of San Jose	96	63%
City of Sunnyvale	7	5%
City of Santa Clara	5	3%
South County: City of Gilroy, Morgan Hill and San Martin	4	3%
City of Mountain View , Campbell, Milpitas	4	3%
Out of County	26	16%
Homeless	10	7%
Total	152	100%

Type of Injury-Injury Code		
Firearm Related	33	20%
Knife and Sharp Object & Assault	58	34%
Assault (Blunt Object, Bodily Force, Strike, Individual/Group)	78	46%
Total	169	100%

Harm by Assault was the largest category, followed by Knife and Sharp Object, and then Firearm.

Primary Payer		
Medicaid/Medical	89	59%
Self-Pay	17	11%
Private/Managed Care	17	11%
County Government/Local Agency	12	8%
Kaiser	9	6%
Not Documented	3	2%
Other	3	2%
Medicare	2	1%
Total	152	100%

Primary Payer by Medicaid/Medical was by far was the largest type of coverage, followed by Self Pay and Private/Managed Care.

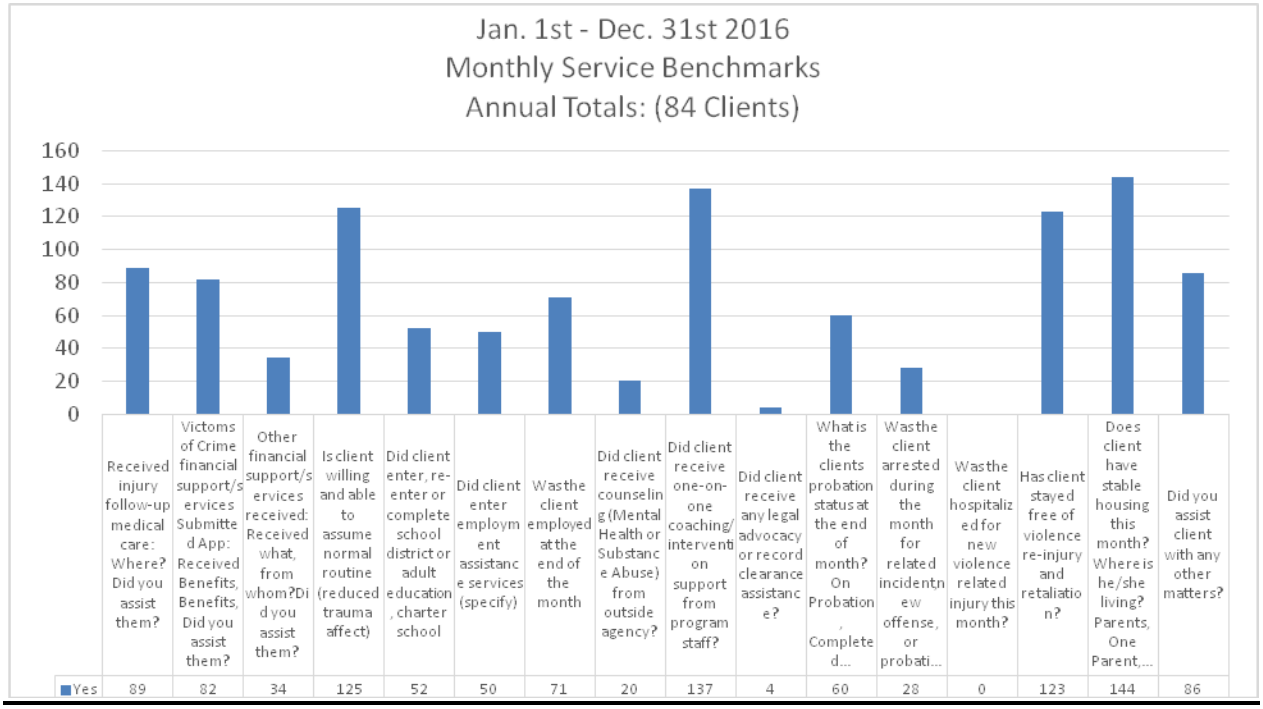
Hospital Cost:		
Not Documented	1	1%
0 -$25,000	85	56%
$25,001 - 50,000	25	16%
$50,001 – 100,000	21	14%
$100,001 – 500,000	19	12%
$500,000 - up	1	1%
Total	152	100%

While we do not have the exact hospital costs for each individual, the collective costs were well over $10 million.

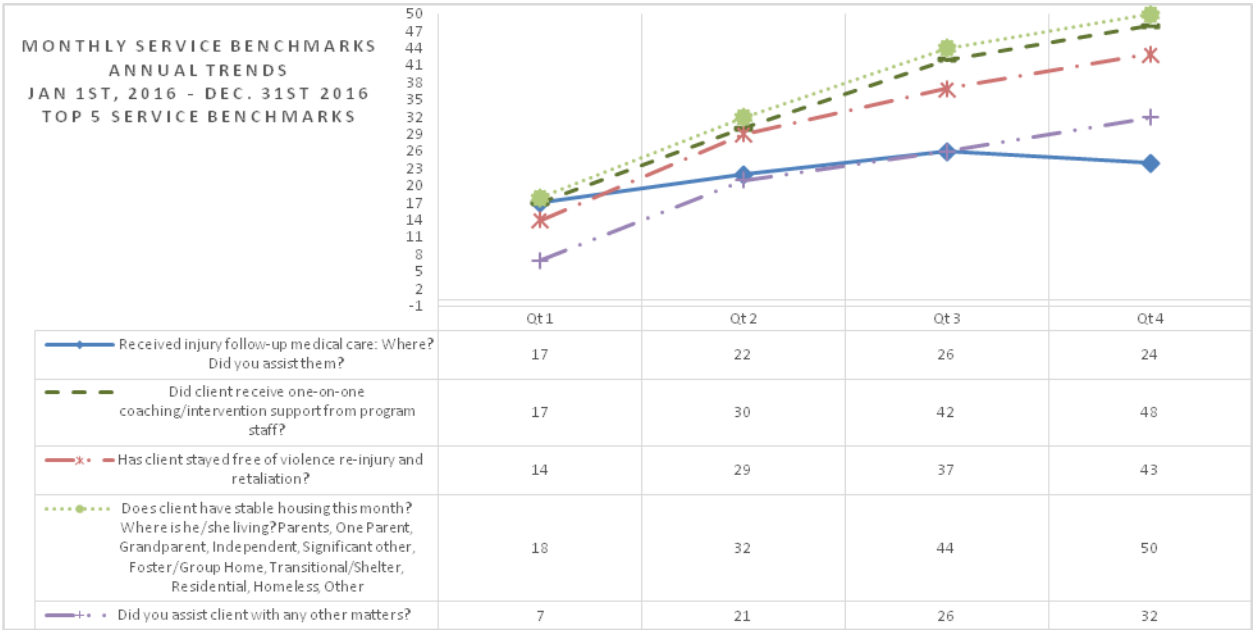
Monthly Service Benchmarks

During year 2, the T2T program began to document Monthly Service Benchmarks. Monthly Service Benchmarks represented targeted service priorities and achievement of short and intermediate client service outcomes for the T2T program model that T2T Program wanted staff to focus in on, (if relevant), related to the client's services plan. These service benchmarks could be duplicated for several months or be addressed less frequently depending on the unique needs of the client. For instance, one of the Monthly Service Benchmark is related to "Receiving Injury Follow-up Medical Care Appointments." Some clients with severe injuries required

extensive follow-up and in some cases repeated surgeries, while other clients required only one or two follow-up visits over a period of time. Whatever the case, program documented staffs' focused assistance in this area on a monthly basis. The following chart provides a breakdown of the various Monthly Service Benchmarks for the 84 clients served.



The following chart shows the positive annual trend for achieving these Monthly Service Benchmarks.



Analysis/Comments

Monthly Service Benchmarks show a positive trend continued upward throughout the four quarters, except for "Follow up Medical Care," which levels-outs and declines slightly. The Monthly Service Benchmarks can be expected to decline as clients complete follow-up medical care requirements, when there is not a corresponding influx of new patients/clients. This documentation demonstrates that the HBIP is *achieving short and intermediate service outcomes with clients whom they are able to maintain engaged in case management intervention services.*

Third Year Program Performance Summary Data for January 1, 2015 through December 31, 2017

The third year of the CalGRIP funded T2T Program extended from January 1, 2017 through December 31, 2017. The goal was to service 100 clients with Case Management Intervention Services. The proceeding section will provide three year performance summary data that includes data for the third year of the HBIP.

Demographic Information

A sample of 60 Patients were admitted to Trauma Unit between January 1, 2017 and December 31, 2017, who met T2T Eligibility Criteria and were referred to the T2T program for services. These clients had the following profile characteristics. One hundred percent (100 %) were in the 18-30 year age range, ninety-three percent (93 %) were males, forty-five percent (45 %) were Hispanics, and sixty-five percent (65 %) resided in the city of San Jose. Sixteen or 27% were from the surrounding cities in Santa Clara County.

Chart: Client Demographics

	Number	Percentage
Age		
20-29	48	91%
15-19	12	9%
Gender		
Male	55	93%
Female	5	7%
Ethnicity		
Hispanic or Latino	27	45%
Not Hispanic or Latino	33	55%

Residence Zip Code:		
City of San Jose	39	66%
City of Santa Clara	5	9%
South County: City of Gilroy, Morgan Hill and San Martin	2	3%
City of Mountain View , Campbell, Milpitas	4	6%
Out of County	10	16%
Homeless (stay in San Jose)	6*	10%*
Total	60	100%

*not included in total since counted in City of San Jose number

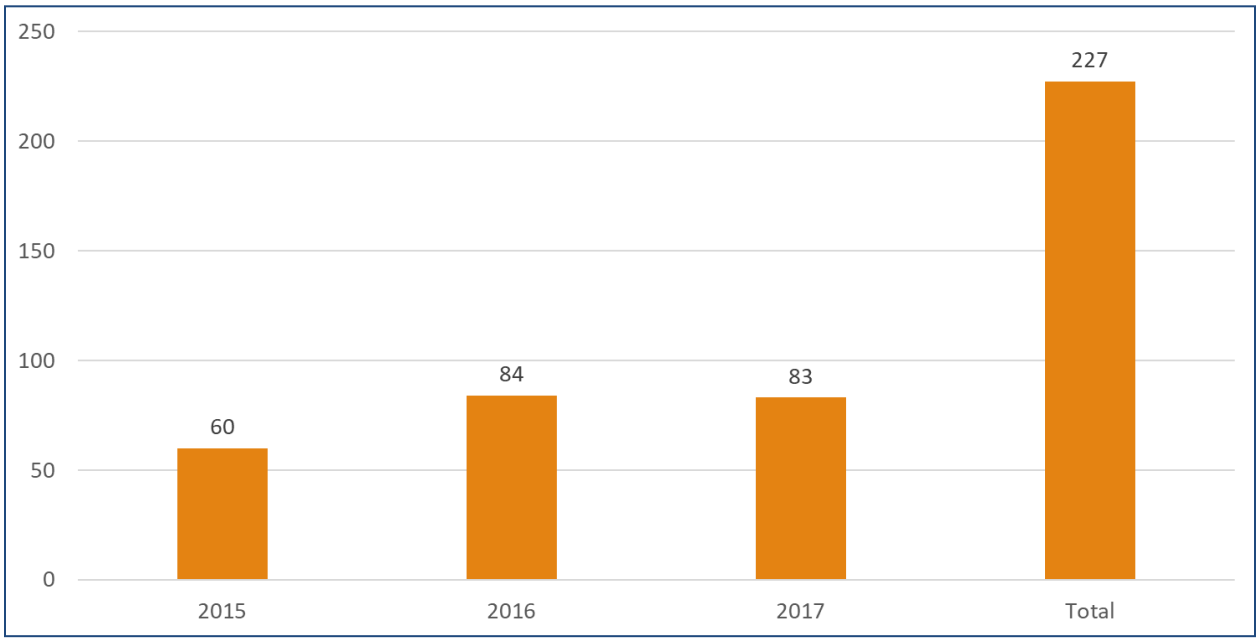
Type of Injury-Injury Code		
Firearm Related	19	31%
Knife and Sharp Object & Assault	40	66%
Assault (Blunt Object, Bodily Force, Strike, Individual/Group)	21	35%
Total	80	132%*

Knife and Sharp Object & Assault was the largest category, followed by Assault and Firearm related.

Duplicated Client Count

The third year of the HBIP carried over 23 clients from 2016, and received 60 referrals to the T2T Program for 2017. As discussed in the 2016 Performance section of this report, "Carry Over" clients constituted individuals who were enrolled in the prior program year and still had active cases, so that terminating them arbitrarily, based on program year would be contrary to evidenced-based service model, and best practice. The chart below shows the duplicated client count for the three year program period.

Duplicated Client Count
Total for 3 Year Period (2015-2017)



Analysis/Comments

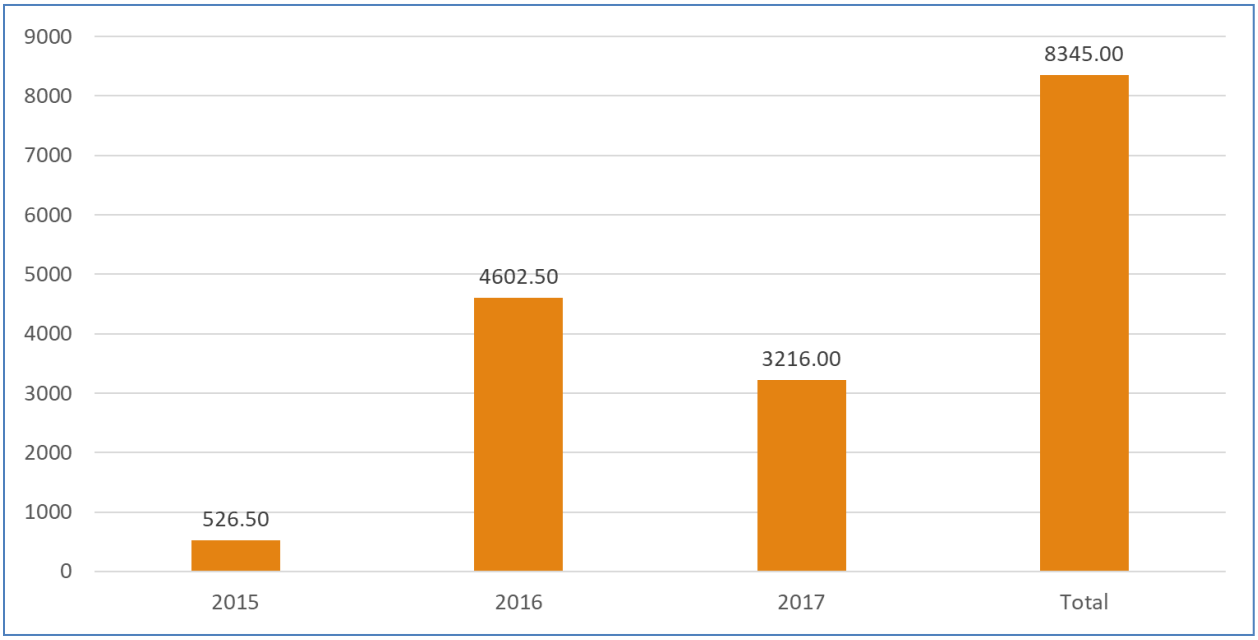
The T2T Program serviced 178 unduplicated clients, and 227 duplicated clients for the three year funding cycle. The stated goal for the three-year period was to serve 250 clients and the HBIP achieved 227 or 91 % of the goal. The referral count to the HBIP was influenced by the hospital screening and eligibility criteria, acceptance rate by potential clients to enroll in HBIP, the establishment of a single source for referral, and the declining community climate of violent acts that would lead to Trauma Center admissions. During the second year of the HBIP, the City of San Jose reached out to the other Regional Medical Center in San Jose, to explore their participation in the program. The participation of the additional hospital would increase the number of new client referrals to the HBIP. While interest was high during the initial discussions and preparatory meetings, a change in hospital administration during the approval stage delayed the decision-making process. Discussions have resumed with the new administration in 2018.

Total Client Service Session

The total number of Client Service Sessions for the third year of the project was 3,216 and the total for the three year service period was 8,345. The chart below shows the totals for each service year. The 2015 year shows the lowest service session numbers due to the delayed start-up period associated with state contracting, city contracting and hiring time periods. The lower numbers for 2015 was discussed in the 2015 Performance section of this report and are reflected in all the proceeding charts.

Number of Client Service Session

Total for 3 Year Period (2015-2017)

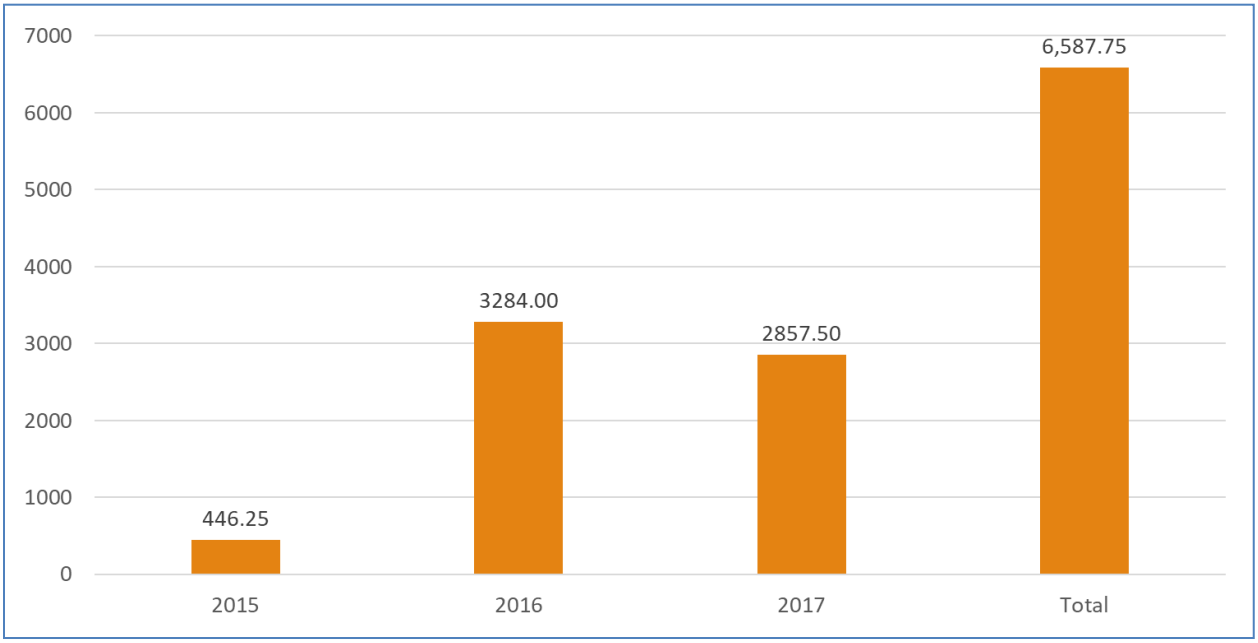


Hours of Service

The total hours of Client Service Hours for the third year of the project were 2,857 and the total for the three year service period was 6,588 hours. The chart below shows the totals for each service year.

Hours of Service

Totals for 3 Year Period (2015-2017)



The total number of service hours for the third year was affected (reduced), do to transition of HBIP City staff to new positions (due to Promotions) in the latter part of the 2016 year, and the time associated with city position recruitment, interviewing, selection and background check steps. The average cost per service hour for the three year period was $166.

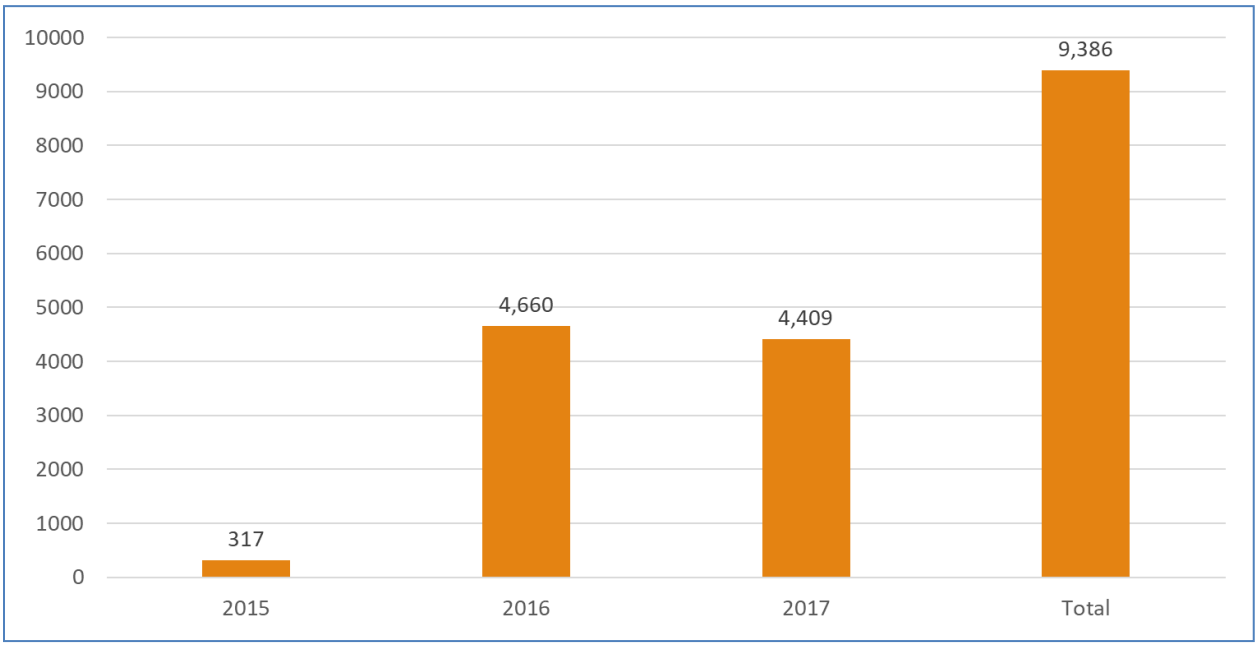
While this is only an average calculation costs (Individual clients costs were not calculated and most likely varied considerable), the cost effectiveness of the T2T Program was reasonable, particularly because of high risk and difficult to service target service population.

Total Persons Involved

The total number of Persons Involved for the third year of the project was 4,409 and the total for the three year service period was 9,386.

Persons Involved

Totals for 3 Year Period (2015-2017)



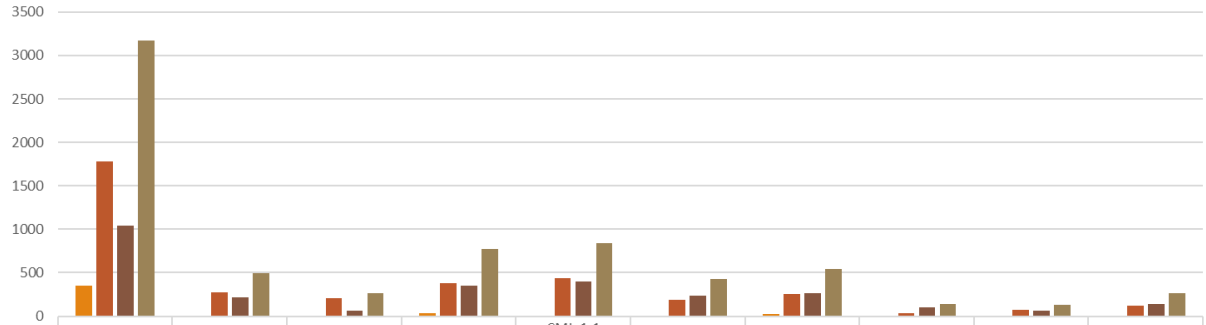
Analysis/Comments

The Total Persons Involved number speaks to the HBIP programs approach of reducing the sense of isolation by clients often associated with traumatic events. The program staff were intentional about involving family and significant others in the physical and emotional healing period for clients. They also at times played a key intermediate supportive role in assuring follow-up medical attention and communication with program staff case management services. They increased the involvement of significant others in the lives of their client by *40 fold.*

Top Ten Service Types:

The following chart shows the Top Ten Service Types calculated by number of sessions provided by HBIP staff.

Top Ten Service Types By Number of Sessions
3 Year Period (2015-2017)



	Phone Contacts & Servicing	Mediation Session(s)/Follow-ups	CMI: Review & Updating ISP activity	CMI: Home Visitation(s)	CMI: 1-1 Intervention and Coaching. (Problem of Living, Supportive Care & Mentoring, CBI/Life Skills/Gang re-direct -1-1, Gp).	Personal Basic Needs:(Food, Cloth, Hygiene, etc, Application Assistance).	Case Conference (Internal 1-1' Gp)	Case Conference (External)	Job Preparation/Job Search/Placement Assistance. *	Prosocial Recreational Activity (Movie, Theme Park, Sports event, etc)
2015	353	3	0	37	4	6	23	1	0	4
2016	1778	272.5	205	384	434	186	260	37	70	119
2017	1038	218	63	351	398	234	263	99	60	139
Total	3169	493.5	268	772	836	426	546	137	130	262

Analysis/Comments

The Top Five of the Ten Types of Service were as follows:

(1) Phone Contacts/Servicing

(2) CMI 1-1 Intervention/ Coaching;

(3) CMI Home Visitation;

(4) Mediation Sessions/Follow-up and

(5) Personal Basic Needs.

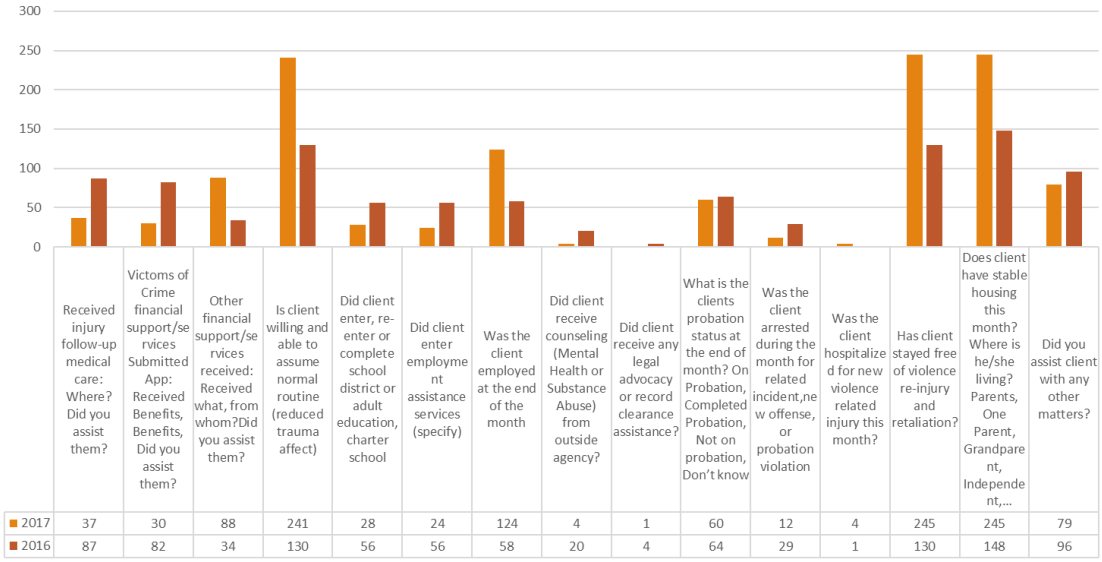
These types of service efforts demonstrate a significant program emphasis on client direct services contacts in order to maintain engagement and working relationship by dedicated staffing.

Monthly Service Benchmark Trends

The following chart provides a breakdown total of the various Monthly Service Benchmarks for the two year period, (2016 &2017). These numbers only reflect clients who were substantially engaged with individual service plan of case management services, versus and/or "drop-out or Left for other reasons" clients.

2016 - 2017

Monthly Service Benchmarks



	Received injury follow-up medical care: Where? Did you assist them?	Victoms of Crime financial support/services Submitted App: Received Benefits, Benefits, Did you assist them?	Other financial support/services received: Received what, from whom?Did you assist them?	Is client willing and able to assume normal routine (reduced trauma affect)	Did client enter, re-enter or complete school district or adult education, charter school	Did client enter employment assistance services (specify)	Was the client employed at the end of the month	Did client receive counseling (Mental Health or Substance Abuse) from outside agency?	Did client receive any legal advocacy or record clearance assistance?	What is the clients probation status at the end of month? On Probation, Completed Probation, Not on probation, Don't know	Was the client arrested during the month for related incident,new offense, or probation violation	Was the client hospitalized for new violence related injury this month?	Has client stayed free of violence re-injury and retaliation?	Does client have stable housing this month? Where is he/she living? Parents, One Parent, Grandparent, Independent,...	Did you assist client with any other matters?
2017	37	30	88	241	28	24	124	4	1	60	12	4	245	245	79
2016	87	82	34	130	56	56	58	20	4	64	29	1	130	148	96

Analysis/Comments

The total number of duplicated Service Benchmarks (Short Term Service Outcomes) achieved (represented by "yes" rating) for 2016 was 1137, and for 2017, the total was 1256. The Top Five Service Benchmarks achieved were:

- Does client have stable housing this month?
- Has client stayed free of re-injury due to violence and retaliation?
- Is client willing and able to assume normal routine (reduced trauma affects?
- Was client employed at the end of the month?
- Did you assist clients with any other matter?

These Top Five Service Benchmarks in particular, are vital service outcomes toward stabilizing an individual after a traumatic event, getting them to assume a new healthy routine, and provide client with hands-on assistance to access service, resources, and employment they require to move their life forward. As mentioned previously, the addressing of Service Benchmarks was tailored and correspondent to the clients "readiness" and "dosage" needed and did not represent a "cookie cutter "approach to service delivery. Other Service Benchmarks that were not in Top Five, but may also have been vital to client when addressed were; Received injury follow-up medical care, Received Victims of Crime financial assistance, and other forms of financial/subsistence assistance.

Employment- Education Services

In addition to the T2T program staff assisting clients with employment issues and needs as a consequence of violent event, the T2T Program also established a contracted Employment/Education Assistance Program for clients who were:

1. Unemployed,
2. Underemployed/part-time,
3. Clients who lost their job do to being injured , and
4. Clients who required a new occupation due to severity of injury.

The T2T -Employment-Education program served a total of 141 duplicated service clients who utilized one or more of the service types during the three year period of the T2T program. The following chart gives a breakdown of the types of services received.

Type of Services	Number of Clients (Duplicated Count: Clients may have participated in one or more service)
Job Readiness Services (Resume, Mock Interviews, Dress)	30
Job Search/Placement Services (Job research, Application Assistance, Job Referral)	35
Clients Placed in Jobs	40
Education: GED Preparation/Public School/Jr. College/Community School	12
English as a Second Language	4
Job Related Certifications: Food Handling, CPR Class	20

V. T2T Program Client Survey and Staff Outcomes Data:

Client Outcome Areas:

The outcome measurement areas included core service elements, which the evidenced-based program service model emphasized for case manager's attention and documentation with Service Benchmark Forms and Client Surveys/Interviews. Outcome measurement areas included:

1. Patient/Client recidivism data related to re-arrest for violent acts/crime and Hospital re-entry for violence-caused injury;
2. Employment status;
3. Education Status;
4. Pro-social/Positive Life style changes attributed to project services;
5. Targeted benefits from new knowledge, skills, behavior, and attitudes because of the project's care and services.

The T2T Program evaluation conducted a total of 88 client survey/interviews for the 2016 and 2017 program year. The 2015 program year was focused on program start-up issues and implementation and documentation of program service components. In addition, the T2T Program Evaluation conducted a total of 51 Staff survey/interviews. Survey results are shown in the proceeding section in chart form for the Client and Staff surveys. In addition, in order to better describe the often complex and difficult living situation of clients served, the evaluators profiled a sample of Client Briefs in Appendix C. Theses Client Briefs exemplify the demands on staff to address the multiple service needs of the clients.

Survey/Interview Highlights

The following client rating highlights are from completed surveys/interviews, and represent average rating scores for the two-year period only and not the review and input of other data or files. The survey/interviews conducted by a third party sought to measure the clients' perceptions and measurement on areas such as: How they felt about the program? Did they feel it benefited them at all? If so, in what areas? Did they feel their life was better after receiving help from this program? The proceeding narrative will provide highlights from the Survey/Interviews. More detailed results can be found in Appendix B.

The following client rating highlights are from completed surveys/interviews, and represent average rating scores for the two-year period only and not the review and input of other data or files.

The survey/interviews conducted by a third party sought to measure the clients' perceptions and measurement on such areas as: How they felt about the program? Did they feel it benefited them at all?, and if so, in what areas? Did they feel their life was better after receiving help from program? The proceeding will provide highlights from the Survey/Interviews, and for more detailed results, see Appendix B.

Client Satisfaction Questions[3]

71% of clients felt the program was "great" and 27% felt the program was "good" which constitutes a combined score of 98%, while 5% responded that the program was "fair."
90% felt they benefited from the program "a lot" and 10% felt they benefited "some" from the program.
93% of clients felt the case workers were "very helpful," while 7% "did not find the program helpful" or "did not know."

Did Client feel Program made a difference in their Life?

75% of clients responded that due to their participation in this program, their success at school, work, training, or disability rehab was "better," 21% rated the "same," and 10% "did not know."
89% of clients felt "more" hopeful about their future and look forward to new possibilities due to participation in this program, 7% the "same," 7% "less," and 4% responded "don't know."
80% of clients felt their life overall has "improved" due to their participation in this program, 15% felt it was the same, and 5% responded "don't know."
75% of the clients felt their disturbing memories of their violent injury experience have "decreased," 17% indicated "stayed about the same" and 8% responded "increased."

Violence Reduction/Recidivism

32% were still using violence despite participating in the program, 51% responded using "less" violence, 12% used violence the "same" and 5% "don't know".
20% of clients indicated they have been hospitalized for a severe injury since enrolling in this program, and 80% "have not."

Arrested

17% of clients indicated they had been arrested since enrolling in the program; and 83% indicated they had not. This compares with 35% indicating they were arrested before enrolling in program, and 66% as "not being arrested" before enrolling in the program.

Productivity Questions

Service productivity refers to changes that occur in the youth/young adults receiving T2T program services. When more "change for the better" occurs, services are considered more productive. A service is more effective if the customer is better off due to his/her participation in the program. The assessment of "service productivity" (Green, 2003) or the effects of services involves designing questions that relate to service goals for individual customers and phrasing them so that the responder considers whether change occurred due to the services. The amount of productivity for services is calculated by averaging the responses.

Productively engaged now: Yes - 64%; No - 36%
Productively engaged before: Yes - 66%; No - 34%
Change in school status, in vs. out: Status declined - 10%; Status unchanged 80%; Status improved - 10%
Change in work or training status: Status declined - 11%; Status unchanged - 65%; Status

[3] Because the response frequencies were averaged for the two years and rounded up, the percentage of responses for an item may not add up to 100%.

improved - 24%
Change in getting arrested, before vs. during: Status declined – 5%; Status unchanged - 67%; Status improved - 28%
Change in being productive, in school or working or in training, or not: Status declined - 11%; Status unchanged - 60%; Status improved - 29%

Analysis Comments

The majority of clients surveyed/interviewed felt very satisfied with the program services, felt the program made a positive difference in their lives, and increased their productivity, that is, school status improved by 10% training status improved by 24% and 95% were not re-arrested.

Staff Survey/Interview Highlights:

The following Staff Survey/Interview frequencies represent average rating scores for a two year period only and not the review and input of other data or files. The utilization of Staff Surveys provides supportive evaluation information that documents clients living situations, services needs, the client's actions taken, and the Staffs' expectation for clients.

- An average of 41% of staff responses indicated that there was not an adult in their family taking a special interest in this youth's/young adult's well being.
- An average of 89% of staff responses indicated that there was not one or more adult taking a special interest at school or in his/her neighborhood.
- An average of 59% of staff responses indicated that the youth attended school infrequently; 24% most of the time; and 17% always.
- An average of 44% of staff Reponses indicated that the youth/young adult is working at a job or is in job training; 38% indicated he/she is looking for work or in job training; 18% not interested in either.
- An average of 88% of staff responses indicated that the youth/young adult sets goals better because of this program; 12% of responses indicate they do not.
- An average of 82% of staff responses indicated that youth/young adult honors agreements better because of this program; 18% of responses do not.
- An average of 90% of staff responses indicated that youth/young adult respect others as individuals better because of this program; 10% of responses do not.
- An average of 79% of staff responses indicated that the youth helps out at home more because of this program, and 21% do not.
- An average of 65% of staff responses indicated that youth in school did not actively participate better in class at school despite program services, while 35% of responses did.
- An average of 87% of staff responses indicated that client understands the negative consequences of gang involvement due to our program, while 13% did not.
- An average of 82% of staff responses indicated that client understands how to express his/her feeling without resorting to violence, due to our program, while 12% did not

while 6% stayed the same.
- An average of 85% of staff indicated that the client can obtain help when he/she needs it, due to our program, while 15% did not.
- An average of 48% of staff responses indicated that youth/young adult had very high level of program participation, 38% felt it was high, and 14% felt it was low.

Analysis Comments

The staff surveys indicated that a majority of the youth/young adults did not have the protective factor of a caring adult family member or a caring adult(s) at school in their lives. This information informed the case manager of the level of family support that could be anticipated in helping the youth/young adult re-direct his/her life away from risky behaviors, attitudes and peer associations. It also indicated to the case manager if an increased level of follow-up contact and "trust building" would be needed. Staff survey responses also indicated that most youth were not regularly attending school (59%); however, more than half was either working, in job training, or seeking employment/job training, with only 18% not interested in being productively in school or working. This also informed case managers of the type of referrals needed by the youth/young adults.

The staff survey results listed above indicate a high level of asset development among the youth/young adults receiving T2T program services in Pro-social/Positive Life style changes attributed to project services and targeted benefits from new knowledge, skills, behavior, and attitudes because of the project's care and services.

The following Staff Survey/Interview frequencies represent average rating scores for a two year period only and not the review and input of other data or files. The utilization of Staff Surveys provides supportive evaluation information that documents clients living situations, services needs, the client's actions taken, and the Staffs expectation for clients.

- An average of 41% of staff responses indicated that there was not an adult taking a special interest in this youth's/young adult well being in the family.
- An average of 89% of staff responses indicated that there was not one or more adult taking a special interest at school or in his/her neighborhood.
- An average of 59% of staff responses indicated that the youth attended school infrequently; 24% most of the time; and 15% always.
- An Average of 44% of staff Reponses indicated that the youth/young adult is working at a job or is in job training; 38% indicated he/she is looking for work or in job training; 18% not interested in either.
- An average of 88% of staff responses indicated that the youth/young adult sets goals better because of this program; 12% of responses do not.
- An average of 82% of staff responses indicated that youth/young adult honors agreements better because of this program; 19% of responses do not.
- An average of 90% of staff responses indicated that youth/young adult respect others as individuals better because of this program; 11% of responses do not.
- An average of 79% of staff responses indicated that the youth helps out at home more because of this program, and 22% do not.

- An average of 66% of staff responses indicated that youth did not actively participate better in class at school because of this program, while 35% of responses did.
- An average of 87% of staff responses indicated that client understands the negative consequences of gang involvement due to our program, while 10% did not.
- An average of 82% of staff responses indicated that client understands how to express his/her feeling without resorting to violence, due to our program, while 12% did not.
- An average of 85% of staff indicated that the client can obtain help when he/she needs it, due to our program, while 12% did not.
- An average of 44% of staff responses indicated that youth/young adult had very high level of program participation, 33% felt it was high, and 9% felt it was low.

VI. Results and Findings

The project's process evaluation collected data to indicate the T2T project is being implemented as planned in comparison to the proposed three-year work plan. Data was collected to demonstrate that (a) partnership, referral and service protocol were working; (b) the intended target population was being served; (c) the volume of clients was being reached; and (d) the type and volume of project services and the hours of structured activities were delivered by partners. With regard to the volume of clients to be served, the project was under its target goal of 250 by 9%; that is it achieved 91% by serving 227 duplicated clients. Other project process goals were implemented as planned, with one delay in being able to involve a second partnering hospital (not a funded project goal) due to the change in the administrative staff in the key leadership position.

The established Hospital-Based Intervention Project, Trauma to Triumph Program, here after referred to as T2T, has achieved the CalGRIP funding goals and related results, in particular:

- The T2T Program was successful in expanding the hours and number of clients serviced from the Pilot Program phase. The T2T program expanded to provide weekly five day coverage, and night and weekend coverage, on an as needed basis.
- In addition to providing funding for the San Jose MGPTF to increase its program intervention staffing dedicated to Trauma to Triumph (T2T – the new program name), CalGRIP funding also allowed SCCVMC to request and leverage new funding from the Santa Clara County Supervisors to expand hospital staff for the T2T program. Supervisor Cindy Chavez, a supporter of the program, was successful in gathering Board of Supervisor support to add funding to the county budget in the amount of $500,000 to support hospital staff positions of Program Coordinator, and Social Workers for the T2T program.
- The T2T Program was successful in expanding the service capacity of the "pilot program" from enrolling and serving 32 clients to a total of 178 unduplicated youth/young adults who were injured through individual, group assault and/or gang-related violence during the three year funding cycle.
- The duplicated number of clients serviced for the three years was a total of 227 clients which included the number of continuation of clients from one program year to the next. This duplication client count represented 91% of the service goal of 250 clients served over the three years.
- The T2T Program established a program of comprehensive follow-up case management intervention, support, and health and human services to program participants upon discharge from the hospital to help them stabilize their lives, and reduce the likelihood of repeat victimization. The T2T new program case management intervention services included a full range of types of assistance including: 1) Intake/Referrals from SCCVMC: Assessment of client for program enrollment and level of risk, 2) Hospital/Bedside

Visitation, 3) Phone Contacts and response to need for services, 4) 1-1 Coaching and Counseling, 5) Home Visitation(s), 6) Personal Basic Needs: Food, Cloth, Hygiene, etc. Application Assistance, 7) Victim Witness Assistance (Application, Processing, Joint Visits), 8) School Reentry/Appointments, 9) Education Assistance (GED Prep, Community College Admission), 10) Employment Assistance, 11) Pro-social Recreational Activity, and 12) Other needed assistance.

- The total number of duplicated Service Benchmarks (Short Term Service Outcomes) achieved for 2016 was 1137, and for 2017 the total was 1256. The Top Five Service Benchmarks achieved were:
- Does client have stable housing this month?
- Has client stayed free of violence-re-injury and retaliation?
- Is client willing and able to assume normal routine (reduced trauma affects)
- Was client employed at the end of the month?
- Did you assist clients with any other matter?

These Top Five Service Benchmarks in particular, are vital service outcomes toward stabilizing an individual after a traumatic event, getting them to assume a new healthy routine, and provide client with hands-on assistance to access service, resources, and employment they require to move their life forward. Other Service Benchmarks that were not in Top Five, but may also have been vital to client when addressed were; Received injury follow-up medical care, Received Victims of Crime financial assistance, and other forms of financial/subsistence assistance.

The T2T Program follow-up case management intervention services served 227 clients with:

- The total number of Client Service Sessions for the three year project period was 8,345. The three year CalGRIP Funding cost was $1,095,767, which calculates to average Client Service Session costs of $131.00.

- The total number of Client Service Hours for the three year project period was 6,588, which calculates to an average cost per service hour for the three year period was $166. While this is only an average calculation costs (Individual clients costs were not calculated and most likely varied considerable), the cost effectiveness of the T2T Program was reasonable, particularly because of high risk and difficult to service target service population.

Outcome evaluation measures of the ultimate effectiveness of the project, especially whether the project changed the client's violent-prone lifestyle toward engagement in a pro-social, violent free lifestyle indicated positive results with regard to the low recidivism rate. Only 4 patients (0.022) out of the 178 unduplicated clients referred by SCCVMC were re-injured due to new injuries resulting from violence and a low rate of 1.7% recidivism with regard to arrests due to violent offenses resulting in injury.

Participants and staff survey responses indicated their attitudes had changed significantly due to the services and care received from the program:

- A high percentage--84% average over two years-- felt that their lives had improved due to the services received,
- 76% valued their lives more;
- 75% indicated that disturbing memories of their trauma had decreased,
- 75% felt that they were doing the best possible or really well in their lives ,
- 89% felt more hopeful about their future with new possibilities.
- The outcome data also indicated that 75% of those in school, job training or work were being more successful in their efforts there

The City of San Jose, Mayor Gang Prevention Task Force has also been successful in assure the continuation of the T2T Program at near the same capacity as funded by CalGRIP by; allocating funding for the T2T Program to continue the program beyond the CalGRIP funding cycle, and they have secured additional funding for two year from the California Office of Emergency Services for the T2T Program.

Other Lessons Learned

- New Service partnership agreements take longer to establish than expected: The MGPTF has had a working relation with Santa Clara County Valley Medical Center for years implementing a Tattoo Removal Program, which made transitioning to a new Hospital-based Intervention Program (HBIP) an extension of their prior history working together. The T2T Program underestimated the time that would be required to establish a new HBIP service partnership relationship with a new hospital. While the expansion of the T2T Program to a second hospital was not a funded goal for CalGRIP, the T2T Program saw it as an opportunity to serve more clients. The time getting to know each other, regular hospital executive or staff transitions, requisite legal reviews, and discussion between city and hospital attorneys were factors contributing to the lengthy period needed to establish a service partnership agreement with a new hospital. And additional benefit of establishing a working relationship with Regional Medical Center-Trauma Center in 2018, beside the additional referrals, will be to help determine if any of T2T program clients have been treated by both Trauma Center in a given year or across years.

Impact of Program Screening Criteria on Program Referrals: While the Trauma Center had well over 320 patients a year, hospital staff would screen clients for T2T Program by age, type of incident that reduced the number of eligible referrals for CalGRIP funded program. For instance, according to client screening referral criteria, clients over 30 years old, domestic violence or self-

harm patients; client airlifted from other counties in the state, unless they had a local area housing/lodging (usually with relatives) during the discharge planning phase, were not introduced to T2T Program. Going forward the T2T Program may selectively consider clients older than 30 year old (there were 130 such individuals), and/or who were victim of domestic/dating violence's, and youth self-harm victims.

Sole Source of Referral: In addition, the Hospital Partnership Agreement for the CalGRIP Project was with SCCVMC –Trauma Center, our sole source provider for referrals limiting the number of clients to their referrals only, even though another Hospital Regional Trauma Center located in San Jose received clients who met our criteria. The T2T program anticipated more referrals from SCCVMC and having a single source of referrals was a barrier to serving more clients, this referral issue is being addressed now. T2T program is working now to establish a service partnership in 2018 with the Regional Medical Center –Trauma Center located in San Jose.

Serving Homeless, Transient, and System-Involved Individuals: Serving homeless and individuals with transient living arrangements and who were system-involved, posed particular difficulties in service delivery. Such challenges as arranging temporary shelter before being released from the hospital, encountering clients who refused to live in temporary shelters because of restrictions, difficulties in maintaining communication and engagement, fear and mistrust of government, and Law Enforcement, and constantly moving--all contributed to a time consuming process of tracking the client down, repeated appointments and no shows, discontinued phone service, not following through with assistance, and ever changing living situations, poverty, and decision-making that undermines their efforts at a better future. The T2T Program has been discussing how they can better assess for "Readiness for Change" by the client in a "Readiness Assessment Phase", before they assume a full case management intervention commitment with a client.

Clients with History of Chronic Trauma: The target service population for the T2T program often manifests life histories characterized by chronic trauma. The new violent event is just an addition, layered on top of others. To some clients and their families it is viewed as a normal part of life, and they are unaware of how trauma has negatively directed or played a role in shaping their lives. Staff needed to spend a significant amount of time providing one-on-one coaching and support to build a trusting relationship, and to help them see a healthier life path, as well as accessing other community resources.

Multi-Service Needs and Qualified Staff: In order to provide comprehensive case management intervention services, the case manager needs to be proactive in searching out new and undiscovered public resources and provide assistance in accessing services and resources. Many of our targeted clients (and their families) come from socially marginalized, low-income, system-involved and multi-cultural groups. In addition, clients may live with a series of relatives or significant others (in or out of county) during the course of our services. Case managers were constantly challenged to assist them to access needed resources, such as affordable housing, food, employment, immigration assistance, assistance accessing or processing legal documents, mental health and substance abuse services, financial assistance, health care, public assistance,

and more. The availability of these services is not consistent throughout a large county like Santa Clara; other factors adding to the challenge are the lack of responsiveness to the target population of clients and/or the capacity of clients to engage with services. *An experienced, dedicated, compassionate, trauma informed client-center, multi-cultural/gender-responsive service staff that is familiar with the life experiences of clients is essential to achieve successful service outcomes with the targeted service population.* For a greater appreciation of living conditions, see Client Briefs Appendix C for a sample of the profile of the targeted clients' living circumstances.

Appendix A: Trauma to Triumph Logic Model

Program: Hospital Based Intervention Program (HBIP) (T2T Program) Logic Model

Inputs	Outputs		Outcomes – Impact		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Partnerships: -SCVMC-Trauma Center -City of San Jose-MGPTF -City Youth Intervention Unit -Contract Service Providers **Funding Resources:** CalGRIP, County, City Funding for: -SCVMC-Trauma Center Project related staff -City Project Management and Direct Services Staff and Technology -Contracted Agency Service Staff -Program Development and Evaluation **Faith-based Volunteers:** -Volunteer Pastors and Priests	**Hospital Based Activities:** -Identification of potential Patient admitted to Trauma Unit -Determine Patient eligibility -Introduce Patient to HBIP and gain Patient Acceptance - Hospital maintains patient demographic and service data -With Patient Acceptance, make referral to City Intervention Manager -Hospital Stay and Discharge Service Plan Formulated. **Case Management Services (After released from Hospital)** -Assessment (while in hospital-bedside and in community) -Individual Service Plan Formulation -Direct 1-1 client intervention and services linkage coordination. -Services 6 to 12 months -Case Closure completion of service plan or sooner.	Hospital T2T Program Coordinator One Nurse Two Medical Social Workers Program Participants City Program Coordinator Four Interventionist Staff	**Short-Term Service Outcomes (0-6 months)** 1) Intake/Referrals from SCCVMC: Assessment of client for program enrollment and level of risk, 2) Hospital/Bedside Visitation , 3) Phone Contacts and response to need for services, 4) 1-1 Coaching and Counseling, 5) Home Visitation(s), 6) Personal Basic Needs: Food, Cloth, Hygiene, etc. Application Assistance, 7) Victim Witness Assistance (Application, Processing, Joint Visits), 8) School Reentry/Appointments, 9) Education Assistance (GED Prep, Community College Admission), 10) Employment Assistance, 11) Pro-social Recreational Activity, and 12) Other needed assistance. 13) No Program Recidivism	**Medium Service Outcomes (6 months to 12 month +** 1) Improving school performance or getting a GED, High school graduation; 2) Enrolling in and completing job training, or vocational/college education; 3) Recorded Clearance completed (more serious felonies) ; 4) Participating/completing substance abuse and/or mental health treatment program; 5) Complete probation supervision, and/or restitution requirements, 6) Building a new sustainable prosocial support network, etc. 7)Other identified priority need. 8) No Program Recidivism	**Long-Term Service Outcome** 1) Established safe, and productive life

Assumptions

- Victims/Perpetrators of violence are more receptive to interventions immediately after injury
- Intensive case management services will help youth/young adults traumatized by violence to turn away from violence and gang-association and not re-offend

External Factors

- Gang activity in neighborhoods
- Availability of weapons to youth/young adults
- Limited Resources for Homeless and Transient victims/perpetrators of violence
- Various community resources like hospitals operate with prescribed protocol, staffing and change processes.

Appendix B:

T2T Program Outcome Evaluation Results (Survey Results)

Survey Question	2016 Average Results	2017 Average Results	2016-2017 Average Results
q1 I think that this program has been:			
Fair	-	5%	5%
Good	36%	18%	27%
Great	64%	78%	71%
	-		
q2 I feel that I benefited from this program:			
Some	12%	9%	11%
Allot	88%	92%	90%
q3 I thought the case workers who assisted me were:			
Very helpful	90%	95%	93%
Somewhat helpful	10%	5%	8%
q4 Due to my participation in this program, my success at school, work, training, or disability rehab is:			
Better	83%	67%	75%
Same	17%	24%	21%
Don't Know	-	10%	10%
q5 Due to my participation in this program, I am not reacting violently:			
More	17%	53%	35%
Less	67%	34%	51%
The Same	12%	11%	12%
Don't Know	5%	5%	5%
q6 Due to my participation in this program, I am hopeful about my future and look forward to new possibilities:			
More	86%	91%	89%
The Same	14%	-	14%
Less	-	7%	7%
Don't Know	-	4%	4%
q7 Due to my participation in this program, I value my life:	62%	90%	76%

Survey Question	2016 Average Results	2017 Average Results	2016-2017 Average Results
More **Less** **Same** **Don't Know**	5% 33% -	4% 6% 4%	5% 20% 4%
q8 Due to my participation in this program, my life overall has: **Improved** **Stayed the same** **Don't Know**	 81% 19% -	 86% 10% 5%	 84% 15% 5%
q9 Actually, I think about how my life is going: **A lot** **Some**	 100 -	 82% 16%	 91% 16%
-q10 I am dealing with how my life is going now: **More effectively** **A little better** **Not at all**	 88% 13% -	 75% 23% 4%	 82% 18% 4%
q11 The disturbing memories of my violent injury experience have: **Increased** **Stay about the same** **Decreased**	 26% 19% 69%	 7% 14% 80%	 17% 17% 75%
q12 Overall, how well are you doing in your life: **The best possible** **Really well** **Good** **Fair**	 43% 33% 5% -	 46% 27% 18% 10%	 45% 30% 12% 10%
q13 Are you going to school right now or earning your GED? **Yes** **No**	 38% 62%	 26% 74%	 32% 68%
q14 Were you going to a school just before you enrolled in this program? **Yes** **No**	 24% 76%	 35% 67%	 30% 72%
q15 Are you working or attending a job-training course right now?	 14%	 42%	 28%

Survey Question	2016 Average Results	2017 Average Results	2016-2017 Average Results
Yes **No**	86%	56%	71%
q16 Were you working or attending job-training just before you enrolled in this program? **Yes** **No**	• missing 86%	40% 60%	27% 73%
q17 Have you been arrested since you enrolled in this program? **Yes** **No**	24% 75%	10% 90%	17% 83%
q18 Were you ever arrested before you enrolled in this program? **Yes** **No**	38% 63%	31% 69%	35% 66%
Q19 Have you been hospitalized for a severe injury since you enrolled in this program? **Yes** **No**	18% 82%	23% 77%	21% 80%
		2017 Surveys Only	
Q20 Productively engaged now: **Yes** **No**		64% 36%	
q21 Productively engaged before **Yes** **No**		66% 35%	
q22 Change in school status, in vs. out **Status declined** **Status unchanged** **Status improved**		12% 83% 10%	
q23 Change in work or training status: **Status declined** **Status unchanged** **Status improved**		15% 74% 24%	
q24 Change in getting arrested, before vs. during: **Status unchanged** **Status improved**		67% 28%	

Survey Question	2016 Average Results	2017 Average Results	2016-2017 Average Results
Q25 Change in being productive, in school or working or in training, or not: **Status declined** **Status unchanged** **Status improved**		 17% 68% 29%	

T2T Staff Program Outcome Evaluation Results (Survey Results)

Survey Question	2016 Average Results	2017 Average Results	2016-2017 Average Results
q1a: Are there one or more adults taking a special interests in this youth's well being in the family: **No** **Yes**	- 56% 44%	 26% 74%	 41% 59%
q1b Are there one or more adults taking a special interest at school or in his/her neighborhood: **No** **Yes**	 88% 13%	 90% 11%	 89% 12%
Q1c Are there one or more adults taking a special interest among staff at your agency: **No** **Yes**	 19% 78%	 21% 79%	 20% 79%
q2 Does this youth attend school? **School Infrequent** **School most of the time** **School always**	 44% 32% 19%	 74% 16% 11%	 59% 17% 15%
q3 Is this youth working: **Working at a job or in job training**			

Looking for work or training **Not interested**	44% 32% 25%	44% 44% 11%	44% 38% 18%
q4 Is your youth (taking drugs or alcohol): **Using drug and alcohol** **Reducing his/her use of drug or alcohol** **Not using them**	9% 9% 78%	21% - 79%	15% 9% 79%
q5 Is your youth? (Problem Solving) **Uses non-violent problem solving** **Still using violence**	91% 9%	84% 16%	88% 13%
q6 Was your youth? (Arrested) **Arrested since the start of services** **A close friend of an arrested youth** **Not a risk to be arrested**	21% 9% 69%	26% - 74%	24% 9% 72%
q7a This youth sets goals better because of this program: **No** **Yes**	19% 81%	5% 95%	12% 88%
-q7b This youth honors agreements better because of this program: **No** **Yes**	21% 79%	16% 84%	19% 82%
q7c This youth takes responsibility for his/her actions more because of this program: **No** **Yes**	19% 75%	5% 95%	12% 85%
q7d This youth follows society's norms and rules more because of this program: **No** **Yes**	9% 91%	21% 79%	15% 85%
q7e The youth respects others as individuals better because of this program: **Yes** **No**	11%	11%	11%

	89%	90%	90%
q7f This youth helps out at home more because of this program: **Yes** **No**	 22% 78%	 21% 79%	 22% 79%
q7g This youth contributes more to his/her Community because of this program: **No** **Yes**	 69% 31%	 53% 47%	 61% 39%
q7h This youth actively participants in class at school better because of this program: **No** **Yes**	 63% 37%	 68% 32%	 66% 35%
q8 Due to our program, this client understands the negative consequences of gang involvement: **Better** **Same** **Don't know**	 86% 7% 7%	 88% 12% -	 87% 10% 7%
q9 Due to our program, this client understands how to express his/her feeling without resorting to violence: **Better** **Same** **Don't Know**	 70% 17% 12%	 93% 7% -	 82% 12% -
q10 Due to our program, this client participates in positive activities, such as recreation, sports, arts, and community services: **More** **Same** **Don't Know**	 62% 17% 14%	 82% 12% 6%	 72% 15% 10%
q11 Due to our program, this client respects others who are different from her/him: **More** **Less** **Same** **Don't know**	 52% 6% 34% 5%	 94% - 6% -	 73% 6% 20% 5%

q12 Due to our program, this client can obtain help when he/she needs it: **More** **Same** **Don't know**	75% 6% 17%	94% 6% -	85% 6% 17%
q13 Due to our program, this client acceptance of the care and support people offer her/him: **Increased** **Stayed the same** **Don't know**	81% 6% 12%	94% - 6%	83% 12% 10%
q14 Due to our program, this client is hopeful about his/her future and looks forward to new possibilities: **More** **Same** **Don't know**	72% 12% 14%	94% -% 6%	83 - 6

Appendix C: Client Briefs

Trauma to Triumph Project

Client Briefs Excerpted from Client Assessment/Interviews

July 2017

This sample of snap-shots of client cases are not intended to serve as case studies, but only to give the reader a glimpse of the at-risk living condition the clients and the Case Manager often have to maneuver to get on a healthier pathway.

Client A C

Client was a stabbing victim. Client was arrested by the Immigration & Customs Enforcement services in May 2015 and was released on a $7,000 bail. Client moved to his cousin's in San Jose to work part time in construction. After the stabbing incident, he was assisted by T2T staff member. Client received support with the court services on May 31, 2016. SIREN provided him with a list of pro-bono attorneys to look into the legal residence status application.

During the client survey/interview, client expressed his complete gratitude to the Trauma to Triumph staff who provided him with social services. Client has a strong character and a positive attitude to overcome all the difficulties he has had in life. It is important to mention that client was a victim of the Drug Cartel back in Mexico that compelled him to cross the border to seek asylum in the United States. Client moved to Stockton to live with his sister in law; he commutes to San Jose where he is presently working.

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Client S M

The client is a 9 year old victim of a gunshot wound inflicted while he was sleeping. A neighbor above his apartment fired a shot that went through the wall and hit the client in both legs. The bullet penetrated both legs and caused the client to be paralyzed.

I met with client's mother for the Asset Development survey interview at the offices of the T2T Contracted Service Provider. The mother expressed concerns about client's physical condition and social emotion state. At his school his classmates made fun of him for using a wheel chair; the mother felt that the School Principal was not doing enough to protect her son from bullying.

Client's mother also mentioned that the Victim Witness Program was not providing enough support to the family who are in need of transportation for client from home to the school. The mother was expecting a baby and felt that she was not strong enough to pick up her son and lift him up by herself.

Client's mother needed a bilingual Case manager to deal with her personal needs for her nine years old son. The case was transferred to T 2 T Spanish speaking Case Manager for follow-up.

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Client C C

Client was a stabbing victim. Client needed to file a police report to receive the Victim Witness services. He is presently working at a recycle center in Milpitas; client completed the Asset Development Survey. T2T Case Manager is in contact with client on a weekly basis to evaluate his personal needs to make sure that client is in compliance with the Victim Witness Program.

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Client L V

Client was a victim of a drive by shooting. Client needs to connect with the Victim Witness Program in order to receive all the benefits from the program; a CBO submitted an application on his behalf. Presently his mother is paying for his car.

Youth Employment Specialist is trying to help client land a better job. Client completed the Asset Development Survey and gave the program high marks. Youth Employment Specialist helped client land a job at Circuit City. T2T Staff Member helped client complete the application for the Victim Witness Program; he was approved to receive benefits for the program to help client and his family pay the bills.

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Client J E

Client was a stabbing victim. Client's Victim Witness application is pending. Client's mother asked him to leave the house because of behavioral problems. He needs to complete community service hours and is mandated by probation to attend school. T2T Case Manager is trying to help client to complete the required mandates by the Probation Department.

Client informed T2T Case Manager that he is not willing to participate with the Victim Witness Program because he does not want to "snitch."

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Client R Q S

Client was a stabbing victim by gang members. Client resides in Watsonville with his mother and parents. At the time of the interview for the Asset Development Survey, client indicated that his mother and sisters were planning to move to Concord and that he was not planning to go with them. Youth Employment Specialist was able to place client at Wal-Mart Store Warehouse. The Management at the store told client that he needed to work in the front store as a cashier; client was not happy about the new position because he didn't want to deal with people. Client asked the Youth Employment Specialist to help him get a different job. Today, client is working as a "weed hacker".

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Client N M

Client was stabbed by the Sureños from his neighborhood. Client is doing well; he is fully recovered. Client is working and attending a community college. Client had to wait for a long period to have his Victim Witness application approved. His T2T Case Manager recognizing client as a success story.

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Client J G

Client was a stabbing victim; T2T Case Manager tried various times to meet with client but was not able to connect with him. Client's mother requested a meeting with T2T Case Manager at the Contracted Service Providers office to discuss his personal issues with the law. The week of May 16, client was arrested with two of his friends for robbing a Safeway Store and a 7 Eleven Store in downtown San Jose. Client used an electric taser against the clerk at the 7 Eleven Store. On July 11, client received a break from the court; he was released from prison after he wrote a letter apologizing to the judge and to the victim at the 7-11 Store. He was placed on probation with the EMP program with specific rules to follow. On 7/12/16, the T2T Case Manager asked the client probation officer permission to take the client out for lunch. This social activity would give the T2T Case Manager the opportunity to talk to the client to develop a plan to engage the client with positive activities. The client also met with the Executive Director of the Contracted Service Provider to enroll in a summer program. T2T Case Manager was able to set an appointment for client to meet with the Youth Employment Specialist to complete a job application, and an application for the GED program.

In the first week of August, JG violated his probation by staying away from his home for more than 30 hours. He was re-arrested and taken to Juvenile Hall. The Probation Officer and the T2T Case Manager told the client not to leave his home.

On 8/10/16, the JG's mother called to request support for her son with the Court date attendance that she was mandated to attend. The T2T Case Manager attended the court date to give the family moral support.

JG was released from Juvenile Hall with the conditions of wearing an electronic ankle bracelet and not being able to leave the house without his Probation Officer consent.

The Youth Employment Specialist placed JG in the GED Program at CTC and was able to take the Pre-Test to evaluate his school level. JG started the GED Program on 8/21 and was provided with a Bus Fast Pass. The Youth Employment Specialist also provided financial support to buy JG school clothes. The GED Teacher informed me that JG is working hard and doing the work needed to advance with the GED program.

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Client O N

Client was jumped by gang members while skate boarding with his friends. T2T Case Manger is in contact with client making home visits and arranging appointments with the Youth Employment Specialist at CTC for job services and the GED program. Client has cancelled a couple of appointments but he insists that he will stop at CTC to look into possible job referrals and to enroll in the GED program. Client completed the Asset Development Survey and received a food gift certificate for Lucky's Store.

On August 15, ON took the GED Pre Test to evaluate his school level. ON started the GED program on 8/16/16 and will get a Bus Fast Pass from the Youth Employment Specialist at CTC for transportation from his house to the program. ON will also get financial support to buy school clothes.

A later conversation disclosed that ON wishes to apply to Evergreen Community College after he passes his GED test; ON wants to complete the program before applying to college.

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Client Y G

Client was a stabbing victim by gang members. Client is highly educated with a strong cultural European background. Client completed the Asset Development Survey and is getting support from the Youth Employment Specialist for job referrals and a possible GED program. Client expressed his desire to become a Physical Therapist for children with disabilities. Client is very grateful for the support he received from T 2 T Case Manager and the Employment Specialist

T2T Case Manager recognized client as a success story.

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Client W R H

Client was shot at a close range by the Sureños in a park near a High School. This experience was very traumatic and caused client to develop fears of stepping out of his house. His mother decided to move the family to a nearby city. The mother became protective of her children because she was afraid that the Sureños would retaliate against her son for his willingness to testify in court against his assailants. Presently, client is enrolled in a home school program trying to make up for the courses he missed while he was in the hospital recovering from the gunshot wound.

T2T Case Manager arranged a home visit with client and the mother at their new residence. Client and his mother expressed their concerns and their plan of action to deal with client's education and possible employment with the Harley Davison Company in Morgan Hill. The mother bought client a used car for him to drive to see his old friends at High School. The mother also arranged for a Counselor-Psychiatrist to work with client. The mother felt that her

son needed therapy because client disagrees with her and does not listen to her recommendations.

T2T Case Manager invited client to go out to the movies and on another occasion to have breakfast with him at a local cafe; he felt that these activities would help client build enough courage to step out of the house. Client started to go out more.

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Client G B

Client was assaulted by gang members. Client suffered a serious head injury. T2T Case Manager arranged a home visit to evaluate the needs of the client and the mother. We met with the mother and listened to her concerns for her son. Client's mother told us that her son has a bad relationship with his girlfriend who abuses him and beats him up. We went to visit Client at the San Jose Community School and bought him lunch. Client told us that he was very active with boxing training and that his coach was taking care of him to make sure that he won't get hit in the head. I advised him against this activity because it was too risky.

On Wednesday July 13, T2T Case Manager invited Client to lunch to talk to him about his summer job and plans for his education. Client told us that he did well with his academics and that he was in the process of transferring back to a regular high school. Client also informed us that he goes to the gym daily to get in shape and to keep his mind busy. Client goes to the gym with his girlfriend. T2T Case Manager thinks that client is a potential role model for the Trauma to Triumph Program.

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Client V M R

Client was a stabbing victim; three gang members jumped him and caused him serious injuries. T2T Case Manager made various home visits assessing client's personal needs. Client is an older adult with a family to support but due to his injuries he has not been able to work full time since the stabbing incident. The family wants to move to a different location away from the gang impacted area. T2T Case Manager is speaking with the Victim Witness Program to assist the client with financial support to pay his bills and a deposit for a new apartment. T2T Case Manager checked into the immigration legal services and is helping client apply to see if client qualified for a U-Visa.

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Client F G

Client was a victim of gang violence. T2T Case Manager helped client connect with social services to put his life in order. T2T Case Manager was able to get the client the police report; he also took the client to Catholic Charities to get an application for a U-Visa. Presently, client is working at a Taqueria as a cook trying to save money and paying his personal bills. Client completed the Asset Development Survey at CTC. Client is a mild mannered person and is very

thankful for the support he received from the Victim Witness Program. He appreciated all the support he received from T2T Case Manager.

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Client C S

Client was a victim of a gun shot at close range. Victim was shot in the abdomen and the bullet penetrated his pelvis. Client said he was in the wrong place at the wrong time.

The meeting with the client took place at CTC where the Youth Program Specialist was trying to complete the job application and the education information. Client is on two years probation for driving recklessly under the influence. At this meeting, client informed the Youth Employment Specialist that he didn't apply for disability because no one helped him with the application. The Youth Employment Specialist told client that he needed a letter signed by the physician that treated him for his gunshot wound at Valley Medical.

Presently, client is living with his mother but he is not working and has a car note. Client was working as a Chef at a good salary but does not want to return there because it is located in a drug impacted area and that was where he was shot.

The Youth Employment Specialist will help client find a new job within the same salary range. Client completed the Asset Development Survey and received a food gift certificate.

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Client D F

DF was a stabbing victim at a Homeless Shelter, he was asleep when he was attacked without any provocation.

DF gave me the details of the stabbing he suffered at the Homeless Shelter. He told me that the night before the attack, he had an argument with his roommate at the college dorm; DF decided that it was better for him to stay away from the dorm and find a place to sleep. He was told about a Shelter where he could sleep and spend the night.

DF is a big man that weighs 330 lbs. He plays football for San Jose City College; he hopes to graduate with an A. A degree so that he can transfer to a 4 year college. DF has received applications from various colleges but he wants to transfer to Mississippi State to continue playing football and perhaps be recruited by a professional football team.

For now, DF needs to get well and recover from the stabbing. His left lung was punctured and his liver was also cut. He lost consciousness when he was being taken to Emergency at Valley Medical. He will not be able to play football this semester but he hopes to continue therapy to get him ready for the Spring of 2017.

Appendix D: Approved Evaluation Plan

State of California's CalGRIP Funded

Trauma to Triumph Project Evaluation Design

Presented to:

City of San José

San José Parks Recreation and Neighborhood Services Department

By:

Community Crime Prevention Associates

April 15, 2015

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Evaluation Design

Methodology to be used for the process evaluation: The project's process evaluation will focus on the collection of data to demonstrate that the TTT project is being implemented as planned in comparison to our proposed three-year work plan. On an annual basis we will collect data to demonstrate that (a) partnership, referral and service protocol are working; (b) the intended target population is being served; (c) the volume of clients is being reached; and (d) the type and volume of project services and the hours of structured activities are delivered by partners.

Methodology to be used for the outcome evaluation: Outcome evaluation measures the ultimate effectiveness of the project, especially whether the project changed the clients' violent-prone lifestyle toward engagement in a pro-social, violent free lifestyle. Project evaluation will use Patient Surveys, Follow-up Interviews, and other data collected from project funded-staffs' assessments and case management files of clients. Patient surveys and interviews will be conducted every six months for the three-year duration of the project for all clients.

Process variables that will be evaluated and the outcomes that will be measured: The process variables that will be evaluated are as follows: (1) The number of patients approached in hospital for project eligibility/enrollment; (2) patient demographics profile data; (3) number of patients enrolled in project; (4) number of patients/clients engaged in services delivery through Case Management Intervention; (5) types of services received by clients; (6) amount of services; (7) length of services; and (8) number of clients with service goals outcomes/successful completions.

The outcomes that will be measured include: (1) Patient/Client recidivism data related to re-arrest for violent acts/crime and Hospital re-entry for violent caused injury; (2) Employment status; (3) Education Status; (4) Pro-social/Positive Life style changes attributed to project services, (e.g. No gang affiliation, Increase in family/children activities, faith-based activities, community volunteer activities, etc.); (5) Targeted benefits from new knowledge, skills, behavior, and attitudes because of the project's care and services.

Participation criteria for those to receive services: The TTT Project will target male and female gang-impacted and gang-involved patients of gang related violent and related incidents, up to the age of 30 years old, who are admitted to SCVMC Trauma or Emergency Department.

Project data to be collected and the method(s) that will be used to collect it: Each client will participate in a risk/needs assessment process that focuses on dynamic risk factors that could lead to violence and reoffending, such as Anti-Social Attitudes, Cognitions; Anti-social Associates, Peers, Anti-Social behaviors. In addition, the following data will be collected: (A)

Patient characteristics will be collected through the initial intake/discharge forms including (1) Male/Female; (2) Age; (3) Type of Injury (stabbing, GSW, Physical Assault); (4) Home address; (5) Time/day of arrival; (6) Ethnicity; (7) Insurance coverage/or other sources of payment; and (8) Discharge Plan indicating services

Case Management/Mentor Service Plan elements will be noted in case management files and tracked in the project database including (1) referrals; (2) types and frequency of client contacts; (3) types of services received; (4) hours of direct service and hours of structured pro-social activities; (5) location and service providers; and (6) re-arrest or new violent incident.

How evaluation results will be documented: The evaluation will be conducted by Community Crime Prevention Associates (CCPA) that has successfully evaluated over $468 million dollars in crime prevention programs over the last 16 years. CCPA will collect and analyze the process and outcome variables outlined in previous sections. CCPA will produce half year progress reports and an Annual Evaluation Report of the Project, which details progress on Project Goals, Service Delivery Contracted Scope, and Process and Outcome Measures.

How evaluation information will be used for continuous project adjustment: Evaluation data and findings will be reviewed twice a year by service providers and oversight committee so that they can reflect on their strengths and set goal areas for continuous improvement.

Principals for this Evaluation

Community Crime Prevention Associates (CCPA)—The Resiliency Group, founded by Dr. Peter Ellis 25 years ago. The Resiliency Group at CCPA designed and implemented a CQI system that allows participating agencies to learn to manage and evaluate their programs based on data to achieve continuous improvement. CCPA's theory of change and logic model planning and evaluation designs have been used by programs serving customers from newborn children to senior citizens. The service productivity measures and a Malcolm Baldrige Award-like summary measure allow funding agencies to compare similar service providers to each other both during one evaluation cycle and across cycles. CCPA has successfully assisted with the implementation and evaluation of over $450 million allocated for services to build healthy and resilient communities, families, and youth over the past 16 years. CCPA has analyzed over 720,000 child, youth, parent, and staff surveys during the past 12 years to measure customer satisfaction and outcomes caused by the services.

Peter Ellis Ph.D., is the founding partner of Community Crime Prevention Associates (CCPA) – The Resiliency Group. Dr. Ellis has been involved in community organizing and building community capacity through professional development and Continuous Quality Improvement

(CQI) for the past 48 years. He continues to apply and research resiliency variables as they relate to the development of pro-social and successful child, youth, adult, and community development. Dr. Ellis has spent the last 25 years developing and researching the impact of community-driven programs designed to improve the quality of life for youth, families, and communities. Dr. Ellis was one of the first two Community School Directors in California and was the Associate Director of the California Community Education center and faculty member at San José State University. Dr. Ellis was President of the Institute for Professional Development that built Bachelors and Master degree programs in seven universities for working adults. Dr. Ellis is the co-founder of the University of Phoenix that was developed out of the community school professional development program thesis. Dr. Ellis earned his Ph.D. in Community Education and Administration from the University of Michigan.

Rex S. Green, Ph.D., is the Director of the Quality Transformation Team. He has over thirty years experience assisting health and human service organizations improve the effectiveness of their services. Dr. Green led or assisted with over 15 grant-funded studies of the effects of health and human services on recipients for several research organizations. He has reviewed numerous submissions for publication to research journals and has written over 20 journal articles and book chapters on measuring and improving service effectiveness. During the 1990's he earned certificates of expertise in knowledge and management of health information systems from the American Health Information Management Association and in the application of quality improvement techniques and tools from the American Society for Quality. Dr. Green earned his Ph.D. in Quantitative Psychology from the University of Southern California and a B.S in Business from Indiana University. He also served as a Baldrige-trained examiner for the California Council for Excellence for five years and as senior examiner leading three teams that reviewed quality award applications from healthcare organizations.

Published Articles of Principals

Green, R. S., & Newman, F. L. (1999). Total quality management principles promote increased utilization of client outcome data in behavioral health care. Evaluation and Program Planning, 22, 179-182.

Green, R. S. (1999). The application of statistical process control to manage global client outcomes in behavioral healthcare. Evaluation and Program Planning, 22, 199-210.

Green, R. S. (2003). Assessing the productivity of human service programs. Evaluation and Program Planning, 26(1), 21-27.

Green, R. S., Ellis, P. T., & Lee, S. S. (2005). A city initiative to improve the quality of life for urban youth: How evaluation contributed to effective social programming. Evaluation and Program Planning, 28(1), 83-94.

Green, R. S. (2005). Assessment of service productivity in applied settings: Comparisons with pre- and post-status assessments of client outcome. Evaluation and Program Planning, 28(2), 139-150.

Green, R. S. (2005). Closing the gap in evaluation technology for outcomes monitoring. Psychiatric Services, 56(5), 611-612.

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Trauma to Triumph Project Evaluation Design

CCPA responsibilities:

CCPA will collect and analyze the process and outcome variables outlined in previous sections

CCPA will produce progress reports

Annual Evaluation Report of the Project, which details progress on Project Goals, Service Delivery Contracted Scope, and Process and Outcome Measures

List of Variables

Zip code

Violence arrests

Rate of enrollment

Court appearances for violence

Hospitalizations for violence

Participation in school

Jobs or work training

Potential violence assessment

Desire for retaliation, retribution

Engagement with services

Number of caring adults in life

Service productivity

Customer satisfaction

Pro-social behaviors

Interventions

1. Hospital bedside
2. Case management - Mentoring
3. HVIP evidence-based practice
4. Violence Mediation
5. Crisis response
6. Cognitive behavioral Interventions
7. Violence redirect services
8. Mental health services
9. Substance abuse or anger management services
10. Individualize service plan
11. 6-12 months of intervention
12. Months 1-2-3 contacts per week minimum (10-15 cases per worker)
13. Linking to services in community
14. Family counseling
15. Exit interview
16. Psycho/family social assessment - age, family situation, injury, Immediate needs, needs for services, presence of concerned others at hospital

(A) Patient characteristics will be collected through the initial intake/discharge forms including:

(1) Male/Female

(2) Age

(3) Type of Injury (stabbing, GSW, Physical Assault)

(4) Home address

(5) Time/day of arrival

(6) Ethnicity

(7) Insurance coverage/or other sources of payment

(8) Discharge Plan indicating services

(B) Case Management/Mentor Service Plan elements will be noted in case management files and tracked in the project database including:

(1) referrals

(2) types and frequency of client contacts

(3) types of services received

(4) hours of direct service and hours of structured pro-social activities

(5) location and service providers

(6) re-arrest or new violent incident

PROCESS EVALUATION

(a) Partnership, referral and service protocol are working

(b) The intended target population is being served

(c) The volume of clients is being reached

(d) The type and volume of project services and the hours of structured activities are delivered by partners.

PROCESS VARIABLES

(1) The number of patients approached in hospital for project eligibility/enrollment

(2) Patient demographics profile data

(3) Number of patients enrolled in project

(4) Number of patients/clients engaged in services delivery through Case Management Intervention

(5) Types of services received by clients

(6) Amount of services

(7) Length of services

(8) No. of clients with service goals outcomes/successful completions.

(9) No. of Victim Witness Applications

Eligibility Criteria for TTT Clients

Eligibility Criteria	
1	Age 12-30 years old
2	Admitted to Trauma center
3	Identified as violence related injury

Staffing

Staffing	
1 FTE	Youth Outreach Specialist
2 FTE	Youth Outreach Workers
	Other Contracted Services
3 FTE	Social Works at VM Hospital

Service Benchmarks Tracked in the Evaluation

Early Stage:

1. Receiving injury follow-up medical care,
2. Obtaining Victims of Crime financial support,
3. Getting medical bills paid,
4. Securing safe housing (or relocation),
5. Client willing and able to assume outside the home schedule, and
6. For younger patients, getting back into school.

Later Stages:

7. Improving school performance or getting a GED
8. Enrolling in and completing job training,
9. Getting a job.
10. Submitting forms form Record Clearance,
11. Enrolling in a substance abuse and/or mental health treatment program,
12. Complete probation supervision, and/or restitution requirements, and
13. Building a sustainable pro social support network.
14.

Plan for Tracking Lost Customers Over Time

Steps to tracking

Data Needed:

1 Last 3 addresses where resided
2 Family member and contact information who is closest
3 Friend and contact information who is closest
4 Name and contact information for key service providers (doctor, minister, probation officer, etc.)
5 Address where likely to hang out

Tracking Strategies When Contact is Lost

1 Email all of above ask for whereabouts or likely whereabouts, ask for notification if they hear from customer
2 Phone anyone of above who does not respond to email
3 Visit place where likely to hang out

Process

Service tickets

Incident reports

Process Surveys

1 **Service/contact tickets/ Provide Cell Phone App**

Date

Time begin

Worker Initials

Location

Customer Name

Customer code

Checklist of possible services - counseling, transport, referral, 3rd party contact, activity

Type of Contact - phone, in person, email, office-based, transport to, ?

Time end

2 Incident report

Checklist of possible incidents - include violent incident occurrences, start school, start job or training, drug use, fights,

Date

Time

Worker Initials

Location of incident

Customer Name

Customer code

Duration of contact

3 Partner services summary

Dates of period covered

Agency

Location of services provided

Checklist of services with column for amount in hours

List of Instruments

1 Initial screening interview
2 Psycho-social assessments
3 Partner service summary
4 CM service/contact tickets
5 Incident report
6 Risk Avoidance, Protective, and Resiliency Assets (RPRA)
7 Youth development survey
8 CM reaction survey
9 Parent, Friend interview protocol
10 CM focus group interview protocol

Outcomes Measurement

RPRA at first out of hospital contact by outreach worker- **Modify for older adults**

Asset Development Survey, collected--at exit interview and/or every 6 mos.

Staff Reaction survey, modified--at exit interview and/or every 6 mos.

Parent/ Friends interview form--sometime after 3 months

Staff focus group meeting--annually before progress report and final report

Partner Database Sources

1 SCCVMC medical records

2 SCC probation records

3 SJ police arrest records

4 Referred Service Agencies

Tracking Statuses

		Psycho/social assessment	Incident report	ADS- Adult Dev. Survey	CMRS- Case Management Reaction Survey
1	Schooling	History	summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview
2	Job	History	summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview
3	Training		summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview
4	Arrests	History	summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview
5	Drug use		summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview
6	Violent incidents		summarize @3 month intervals	6 mos. & 12 mos. And/or exit interview	6 mos. & 12 mos. And/or exit interview

Timeline

Project Start to Finish					
Total Cases	0	6	16	26	36
Est. Caseload	0	6	16	26	36
Caseload/workers		2	5.3	8.7	12.0
No. intensive cases		6	16	20	20
	Month 1	Month 2	Month 3	Month 4	Month 5
	Setup	Recruit 6/month	Recruit 10/mont	Recruit 10/mont	Recruit 10/month
		Intakes	Intakes	Intakes	Intakes
		Assign worker	Assign worker	Assign worker	Assign worker
		Start services	Start services	Start services	Start services
		Collect process data	Collect process data	Collect process data	Collect process data
Project Start to Finish					
Total Cases	46	56	66	76	86
Est. Caseload	46	56	66	76	86
Caseload/workers	15.3	18.7	22.0	25.3	28.7
No. intensive cases	20	20	20	20	20
	Month 6	Month 7	Month 8	Month 9	Month 10
	Recruit 10/month	Recruit 10/mont	Recruit 10/mont	Recruit 10/mont	Recruit 10/month
	Intakes	Intakes	Intakes	Intakes	Intakes
	Assign worker	Assign worker	Assign worker	Assign worker	Assign worker
	Start services	Start services	Start services	Start services	Start services
	Collect process data	Collect process data	Collect process data	Collect process data	Collect process data
		Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data
					Progress report
					Staff focus group
Project Start to Finish					
Total Cases	96	106	116	126	136
Est. Caseload	96	100	100	100	100
Caseload/workers	32.0	33.3	33.3	33.3	33.3
No. intensive cases	20	20	20	20	20
	Month 11	Month 12	Month 13	Month 14	Month 15
	Recruit 10/month	Recruit 10/mont	Recruit 10/mont	Recruit 10/mont	Recruit 10/month
	Intakes	Intakes	Intakes	Intakes	Intakes
	Assign worker	Assign worker	Assign worker	Assign worker	Assign worker
	Start services	Start services	Start services	Start services	Start services
	Collect process data	Collect process data	Collect process data	Collect process data	Collect process data
	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data

Project Start to Finish					
Total Cases	146	156	166	176	186
Est. Caseload	100	100	100	100	100
Caseload/workers	33.3	33.3	33.3	33.3	33.3
No. intensive cases	20	20	20	20	20
	Month 16	Month 17	Month 18	Month 19	Month 20
	Recruit 10/month	Recruit 10/mont	Recruit 10/mont	Recruit 10/mont	Recruit 10/month
	Intakes	Intakes	Intakes	Intakes	Intakes
	Assign worker	Assign worker	Assign worker	Assign worker	Assign worker
	Start services	Start services	Start services	Start services	Start services
	Collect process data	Collect process data	Collect process data	Collect process data	Collect process data
	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data
Project Start to Finish					
Total Cases	196	206	216	226	236
Est. Caseload	100	100	100	100	100
Caseload/worker (3	33.3	33.3	33.3	33.3	33.3
No. intensive cases	20	20	20	20	20
	Month 21	Month 22	Month 23	Month 24	Month 25
	Recruit 10/month	Recruit 10/mont	Recruit 10/mont	Recruit 10/mont	Recruit 10/month
	Intakes	Intakes	Intakes	Intakes	Intakes
	Assign worker	Assign worker	Assign worker	Assign worker	Assign worker
	Start services	Start services	Start services	Start services	Start services
	Collect process data	Collect process data	Collect process data	Collect process data	Collect process data
	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data
			Progress report		
			Staff focus group		
Project Start to Finish					
Total Cases	246	256	256	256	256
Est. Caseload	100	100	90	80	70
Caseload/worker (3	33.3	33.3	30.0	26.7	23.3
No. intensive cases	20	20	10		
	Month 26	Month 27	Month 28	Month 29	Month 30
	Recruit 10/month	Recruit 10/month		Intakes	Intakes
	Intakes	Intakes	Intakes	Assign worker	Assign worker
	Assign worker	Assign worker	Assign worker	Start services	Start services
	Start services	Start services	Start services	Collect process data	Collect process data
	Collect process data	Collect process data	Collect process data	Collect outcomes data	Collect outcomes data
	Collect outcomes data	Collect outcomes data	Collect outcomes data		Progress report

Project Start to Finish					
Total Cases	256	256	256	256	256
Est. Caseload	60	50	40	30	20
Caseload/worker (3	20.0	16.7	13.3	10.0	6.7
No. intensive cases					
	Month 31	Month 32	Month 33	Month 34	Month 35
	Continue svcs	Continue svcs	Continue svcs	Continue svcs	Continue svcs
	Collect process data	Collect process data	Collect process data	Collect process data	Collect process data
	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data	Collect outcomes data
					Overall report
		Staff focus group			

Project Start to Finish					
Total Cases	256				
Est. Caseload	10				
Caseload/worker (3	3.3				
No. intensive cases					
	Month 36				
	Continue svcs				
	Collect process data				
	Collect outcomes data				
	Finalize report and share				

Analyses of Evaluation Data

Proposed Analyses

I. Degree of success of Trauma to Triumph program

   A. Compare mean service productivity with national benchmarks - z-score test

   B. Compare mean satisfaction with services with national benchmarks - z-score test

   C. Test rate of change in statuses against no change - z-score test

   D. Compare final statuses of dropouts with final statuses of completers - t-test

II. Degree of success of service components

   A. Calculate service productivity by questions related to each major service component and regress as variables on overall service productivity

   B. Calculate service productivity by questions related to each major service component and regress as variables on rates of change in status

III. Extent of service exposure needed

   A. Calculate exposure to program using time with program and level of participation, graph against service productivity

   B. Calculate exposure to program using time with program and level of participation, graph against overall change in status

IV. Predictors of success

   A. Regress customer characteristics on overall service productivity

   B. Regress customer characteristics on overall change in status

   C. Regress program exposure, service satisfaction, service productivity on overall change in status

Trauma to Triumph Proposed

Staff TTT Client Survey Assessment

Client's Birth Date: Month ____ Day _____ Year _____

Today's Date: _____ Client Code: _____

Provide client's first and last name initials: First Initial ___ Last Initial ___

Case Manager's Name _____

1. Are there one or more adults taking a special interest in this youth's well being (check all that apply):

☐ In the family ☐ At school or in his/her neighborhood ☐ Among staff at your agency

2. Does this youth have a close, positive relationship with one caring adult in particular? _____ Yes ____ No

3. Indicate how long this youth has been participating in the Trauma to Triumph program (use all three timeframes if necessary to summarize how long overall):

_____ Days _____ Weeks _____Months

Answer the following five questions by placing a check or "X" in the box next to the most appropriate answer. If you do not know the answer, skip that question.

4. Does this youth attend school?

☐ Infrequently or not at all ☐ Most of the time ☐ Always

5. Is this youth?

☐ Working at a job or in job training ☐ Looking for work or training ☐ Not interested in either

6. Is this youth?

☐ Using drugs or alcohol ☐ Reducing his/her use of drugs or alcohol ☐ Not using them

7. Is this youth?

☐ Using non-violent problem solving ☐ Using non-violent problem solving sometimes ☐ Still using violence

8. Was this youth?

☐ Arrested since the start of services ☐ A close friend of an arrested youth ☐ Not at risk to be arrested

9. Indicate which of the following pro-social behaviors your case management services are helping this youth transform for the better:

Pro Social Behavior	**Check if Yes**	**Pro Social Behavior**	**Check if Yes**
a. Sets goals – Has a Purpose		**e.** Respects others as individuals	
b. Honors agreements – Keeps his/her word		**f.** Helps out at home	
c. Takes responsibility for his/her actions		**g.** Contributes something to his/her Community	
d. Follows society's norms and rules		**h.** Actively participates in class at school	

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Check or "X")	**Better**	**Worse**	**The Same**	**Don't Know**
10. Due to our program, this youth feels prepared to succeed in the community where he/she lives:				
11. Due to our program, this youth understands the negative consequences of gang involvement:				

12. Due to our program, this youth understands how to express his/her feelings without resorting to violence:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program…" (Place a check or X in the box.)	**More**	**Less**	**The Same**	**Don't Know**
13. Due to our program, this youth participates in positive activities, such as recreation, sports, arts, and community service:				
14. Due to our program, this youth respects others who are different from her/him:				
15. Due to our program, this youth can obtain help when he/she needs it:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program…" (Place a check or X in the box.)	**Increased**	**Decreased**	**Stayed The Same**	**Don't Know**
16. Due to our program, this youth's acceptance of the care and support people offer her/him:				

17. Please indicate the level of this youth's participation in your program on a scale from 5 to 1? ___

(5 = Very High, 4 =High, 3 = Average, 2 = Low, 1 =Very Low)

Appendix E: Surveys

San Jose Trauma to Triumph

Satisfaction and Service Productivity Survey

First-Year Retrospective

Case #: _____

Please put an X in the box that best describes your opinion of the *Trauma to Triumph Program:*

1. I think that my participation in this program since I started this program has been:

☐ Poor ☐ Fair ☐ Good ☐ Great

2. I feel that I benefited from this program:

☐ Not at all ☐ Some ☐ A lot

3. I thought that the case workers who assisted me were:

☐ Very Helpful ☐ Somewhat Helpful ☐ Not Helpful

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to my participation in this program…" (Place a check or X in the box.)	**Better**	**Worse**	**The Same**	**Don't Know**
4. Due to my participation in this program, my success at school, work, training, or disability rehab is:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to my participation in this program…" (Place a check or X in the box.)	**More**	**Less**	**The Same**	**Don't Know**
5. Due to my participation in this program, I am not reacting violently:				
6. Due to my participation in this program, I am hopeful about my future and look forward to new possibilities:				
7. Due to my participation in this program, I value my life:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to my participation in this program…" (Place a check or X in the box.)	**Improved**	**Worsened**	**Stayed The Same**	**Don't Know**
8. Due to my participation in this program, my life overall has:				

9. Actually, I think about how my life is going

☐ Not at all ☐ Some ☐ A lot

10. I am dealing with how my life is going now

☐ More effectively ☐ A little better ☐ Not at all

11. The disturbing memories of my violent injury experience have

☐ Increased ☐ Stayed about the same ☐ Decreased

12. Overall, how well are you doing in your life

☐ The best possible ☐ Really well ☐ Good ☐ Fair ☐ Poorly ☐ Terribly

Please answer the following questions by checking the answer that applies to you.

13. Are you going to school right now or earning your GED? ☐ Yes ☐ No

14. Were you going to a school just before you enrolled in this program? ☐ Yes ☐ No

15. Are you working or attending a job-training course right now? ☐ Yes ☐ No

16. Were you working or attending job-training just before you enrolled in this program? ☐ Yes ☐ No

17. Have you been arrested since you enrolled in this program for a new incident or probation violation?

☐ Yes ☐ No

18. If yes, how many times were you arrested for offenses involving violent acts since you enrolled in this program? _____

19. Were you ever arrested before you enrolled in this program? ☐ Yes ☐ No

20. Have you been hospitalized for a severe injury since you enrolled in this program for a new incident?

☐ Yes ☐ No

San Jose Trauma to Triumph

Youth Development Survey

First-Year Retrospective

Please put an X in the box that best describes your opinion of the *Trauma to Triumph Program:*

1. I think that the services I have received since I was hospitalized on _____ were:

☐ Poor ☐ Fair ☐ Good ☐ Great

2. I feel that I benefited from these services:

☐ Not at all ☐ Some ☐ A lot

3. I thought that the case workers who assisted me were:

☐ Very Helpful ☐ Somewhat Helpful ☐ Not Helpful

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of these services…" (Place a check or X in the box.)	**Better**	**Worse**	**The Same**	**Don't Know**
5. Because of these services, my success at school (job/training) is:				
6. Because of these services, my understanding of who I am and what I can do is:				
7. Because of these services, my ability to communicate is:				
8. Because of these services, my ability to learn new things is:				
9. Because of these services, my ability to connect with adults is:				
10. Because of these services, my ability to work with others is:				

11. Because of these services, my ability to stay safe is:				
12. Because of these services, I feel prepared to succeed in the community where I live:				
13. Because of these services, I understand the negative consequences of gang involvement:				
14. Because of these services, I understand how to express my feelings without resorting to violence:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of these services…" (Place a check or X in the box.)	**More**	**Less**	**The Same**	**Don't Know**
15. Because of these services, I participate in positive activities, such as recreation, sports, arts, and community service:				
16. Because of these services, I respect others who are different from me:				
17. Because of these services, I am living a violent-free life:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of these services…" (Place a check or X in the box.)	**Increased**	**Decreased**	**Stayed The Same**	**Don't Know**
18. Because of these services, my acceptance of the care and support people offer me:				

19. Overall, how well are you doing in your life

☐ The best possible ☐ Really well ☐ Good ☐ Fair ☐ Poorly ☐ Terribly

Please answer the following questions by checking the answer that applies to you.

20. Are you going to school right now (high school, college, technical, etc.)? ☐ Yes ☐ No

21. Were you going to a school when you were hospitalized on _____? ☐ Yes ☐ No

22. Are you working part or full-time right now? ☐ Yes ☐ No

23. Were you working part or full-time when you were hospitalized? ☐ Yes ☐ No

24. Are you attending any job-training course right now? ☐ Yes ☐ No

25. Were you attending any job-training course when you were hospitalized? ☐ Yes ☐ No

26. Are you using alcohol or drugs now? ☐ Yes ☐ No

27. Were you using alcohol or drugs when you were hospitalized? ☐ Yes ☐ No

28. Have you been arrested since you were hospitalized? ☐ Yes ☐ No

29. If yes, how many times have you been arrested since you were hospitalized? _____

30. Were you ever arrested before you were hospitalized? ☐ Yes ☐ No

31. Have you been hospitalized for a severe injury since _____? ☐ Yes ☐ No

32. If yes, how many times have you been hospitalized since _____? _____

Trauma to Triumph
Staff about Victim Survey
First-Year Retrospective

Today's Date: _____ Case Code: _____

Client's Name: _____

Case Worker's Name _____

1. Are there one or more caring adults taking a special interest in this client's well-being (check all that apply):

☐ In the family ☐ At school or in his/her neighborhood ☐ Among staff at your agency

Answer the following five questions by placing a check or "X" in the box next to the most appropriate answer. If you do not know the answer, skip that question.

2. Does this client attend school?

☐ Infrequently or not at all ☐ Most of the time ☐ Always

3. Is this client?

☐ Working at a job or in job training ☐ Looking for work or training ☐ Not interested in either

4. Is this client?

☐ Using drugs or alcohol ☐ Reducing his/her use of drugs or alcohol ☐ Not using them

5. Is this client?

☐ Using non-violent problem solving ☐ Using non-violent problem solving sometimes ☐ Still using violence

6. Was this client?

☐ Arrested since the start of services ☐ A close friend of an arrested person ☐ Not at risk to be arrested

7. Indicate which of the following pro-social behaviors your case management services are helping this client to transform for the better:

Pro Social Behavior	Check if Yes	Pro Social Behavior	Check if Yes
a. Sets goals – Has a Purpose		**e.** Respects others as individuals	
b. Honors agreements – Keeps his/her word		**f.** Helps out at home	
c. Takes responsibility for his/her actions		**g.** Contributes something to his/her Community	
d. Follows society's norms and rules		**h.** Actively participates in class at school	

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Check or "X")	**Better**	**Worse**	**The Same**	**Don't Know**
8. Due to our program, this client feels prepared to succeed in the community where he/she lives:				
9. Due to our program, this client understands the negative consequences of gang involvement:				
10. Due to our program, this client understands how to express his/her feelings without resorting to violence:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program…" (Place a check or X in the box.)	**More**	**Less**	**The Same**	**Don't Know**
11. Due to our program, this client participates in positive activities, such as recreation, sports, arts, and community service:				
12. Due to our program, this client respects others who are different from her/him:				
13. Due to our program, this client can obtain help when he/she needs it:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program…" (Place a check or X in the box.)	**Increased**	**Decreased**	**Stayed The Same**	**Don't Know**
14. Due to our program, this client's acceptance of the care and support people offer her/him:				

15. Please indicate the level of this client's participation in your program on a scale from 5 to 1? ___
(5 = Very High, 4 =High, 3 = Average, 2 = Low, 1 =Very Low)